



# Camp Blue Diamond Registration Form - 2018

To register your child for camp, please complete this Registration and Health History Form. If applying for a scholarship, complete the application form found on the back of the page.

Please send a completed Registration and Health History Form for each camper with payment to: Camp Blue Diamond, Camper Registration, PO Box 240, Petersburg, PA 16669

**CAMPER INFORMATION: (Please print legibly. A separate form must be completed for each camper/session.)**

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Grade completed in 2017-18 school year \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_ Is this the camper's first time to attend CBD? \_\_\_\_\_

Congregation (if applicable) \_\_\_\_\_ Person Completing this Form \_\_\_\_\_

**PARENT INFORMATION:**

Parent(s) Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please email confirmation material to the above email (may include printable forms to be returned to camp).  Yes  No (If 'No', forms will be sent via the US Postal System.)

Please share information that will be helpful for the counselor to know about your child prior to camp. If registering for Family Camp, list all family members attending and ages. If registering for Kiddie Camp or Kiddie Weekend please list adult attending with camper.

**CAMP SESSION:** - Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices – grade listed is the one camper will complete in spring 2018.

1<sup>st</sup> Choice Camp Session \_\_\_\_\_ Dates \_\_\_\_\_ Cabin-mate Request (only 1) \_\_\_\_\_

2<sup>nd</sup> Choice Camp Session \_\_\_\_\_ Dates \_\_\_\_\_ Cabin-mate Request (only 1) \_\_\_\_\_

**PAYMENT: Complete Section 1 & 3 if no scholarship requested. Section 2 & 3 if scholarship requested.**

**Section 1: No Scholarship Requested**

Camp Fee .....	➤	\$ _____
CIT Discount (Deduct 1/2 of CIT Camp Fee if also attending Youth, Adv. OLS, Bike or Yough Adv.) .....	➤	\$ _____
Deduct Church Share if applicable Name of Church .....	➤	\$ _____
Multiple Siblings Discount Name of Siblings .....	➤	\$ _____
(Deduct \$25 from a weeklong camper's fee, \$15: Caving or Pioneer, \$10: Tenderfoot or Kiddie, \$5: CIT Camp)		
Parent's Balance Due .....	➤	\$ _____

**Section 2: Scholarship Requested**

Camp Fee .....	➤	\$ _____
Deduct Church Share if applicable Name of Church .....	➤	\$ _____
Parent's Portion Due - See Table on Scholarship Application Form.....	➤	\$ _____
Scholarship Amount - Complete Scholarship Application Form to Find Scholarship Amount...	➤	\$ _____

**Section 3: Method of Payment – Must be Completed**

- Check for parent's portion enclosed  Request extended payments, minimum \$25 enclosed
- Credit/Debit Card: (Visa, MasterCard, Discover, American Express)

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card (Print) \_\_\_\_\_

## Scholarship Application Form - Complete only if requesting a scholarship from CBD.

**If requesting financial aid, please complete this section.** One scholarship per child per summer. Scholarships are not available for Kiddie or Family Camps or adults. Families requesting scholarships are ineligible for Multiple Sibling discounts. A Separate scholarship forms must be sent for each camper. Families with 1 or 2 campers and income exceeding \$60,000 are not eligible for scholarships. Families with 3 or more campers and income exceeding \$70,000 are not eligible for scholarships. If you do not meet these guidelines, but need aid, or if you have other questions, contact Camp Blue Diamond at [campbluediamond@verizon.net](mailto:campbluediamond@verizon.net) or (814)667-2355.

Camper \_\_\_\_\_ Grade completed in 2017-18 school year \_\_\_\_\_ Camp Session \_\_\_\_\_

Names of Siblings attending CBD this summer \_\_\_\_\_

Family's 2017 Total Income (include all income & aid) \$ \_\_\_\_\_ Typical 2018 Monthly Combined Income & Aid \$ \_\_\_\_\_

### Scholarship Requested

Total Camp Fee .....> \$ \_\_\_\_\_  
 Deduct Church Share if applicable - Name of Church .....> \$ \_\_\_\_\_  
 Parent's Portion Due - Use One of the Tables Below .....> \$ \_\_\_\_\_  
 Scholarship Amount – Subtract Church & Parent Portions from Fee, Balance is Scholarship....> \$ \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

**Families with 1 or 2 campers use top table.**

**Families with 3 or more campers use bottom table.**

**Use the tables to find the minimum amount the Family must pay (Parent's Portion).**

**If your scholarship is denied, your payment will be returned.**

Families with 1 or 2 Campers	Total Family Income for 2017				
	<\$15,000	\$15-30,000	\$30-40,000	\$40-50,000	\$50-60,000
CIT Camp	\$7	\$14	\$21	\$28	\$35
Tenderfoot	\$11	\$22	\$33	\$44	\$55
Pioneer	\$18	\$36	\$54	\$72	\$90
Caving Camp	\$22	\$44	\$66	\$88	\$110
Junior Camps 1 & 2	\$31	\$62	\$93	\$124	\$155
Junior Adventure	\$32	\$64	\$96	\$128	\$160
Junior High, Wild OLS	\$33	\$66	\$99	\$132	\$165
Creative Arts	\$34	\$68	\$102	\$136	\$170
Advanced OLS, Youth Camp, Bike	\$35	\$70	\$105	\$140	\$175
Yough Adventure	\$42	\$84	\$126	\$168	\$210

Families with 3 or more Campers	Total Family Income for 2017				
	<\$20,000	\$20-40,000	\$40-50,000	\$50-60,000	\$60-70,000
CIT Camp	\$7	\$14	\$21	\$28	\$35
Tenderfoot	\$11	\$22	\$33	\$44	\$55
Pioneer	\$18	\$36	\$54	\$72	\$90
Caving Camp	\$22	\$44	\$66	\$88	\$110
Junior Camps 1 & 2	\$31	\$62	\$93	\$124	\$155
Junior Adventure	\$32	\$64	\$96	\$128	\$160
Junior High, Wild OLS	\$33	\$66	\$99	\$132	\$165
Creative Arts	\$34	\$68	\$102	\$136	\$170
Advanced OLS, Youth Camp	\$35	\$70	\$105	\$140	\$175
Yough Adv., Bike Adv., Sr. Hi Canoe	\$42	\$84	\$126	\$168	\$210



# Camp Blue Diamond 2018

## Health History Form for Summer Camp

Office Use
Camp _____ <input type="checkbox"/> Free Photo
Rec'd _____

The information on this form is not a part of the acceptance process, but is gathered to help the Health Care Manager and camp staff provide the best possible care for your child. **Complete all questions on both sides. Form must be signed by a parent/legal guardian.**

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Grade completed in 2018 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age while at camp \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Legal Guardian Names \_\_\_\_\_

Address (if different from the camper) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_ Work Number \_\_\_\_\_

**CONTACT INFORMATION** – Second emergency contact, other than parent, unless parents are not living together

**The contact is:**  Emergency Contact or  Second parent/guardian at address other than the one listed above: (check one)

Name \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Name of step-parent if applicable: \_\_\_\_\_

Are there circumstances regarding custodial relationships we need to be aware of before releasing a child to a parent? Y N

If yes, please describe: \_\_\_\_\_

**INSURANCE INFORMATION:** Is the participant covered by family medical/hospital insurance?  Yes  No

If yes, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_ Insurance ID number \_\_\_\_\_

**ALLERGIES** – list all known

Does the camper have any of the following? If yes, please explain type and severity:

Medication Allergies	NO	YES	_____
Food Allergies	NO	YES	_____
Other Allergies	NO	YES	_____
Asthma	NO	YES	_____

**FOOD RESTRICTIONS/ALLERGIES:** \_\_\_\_\_

**ACTIVITY RESTRICTIONS:** Explain any restrictions or adaptations of camp activities necessary due to physical or mental limitations of the camper: \_\_\_\_\_

**MEDICATIONS: (We know medications change. You will have an opportunity to update this information at registration.)**

List ALL medications (including over-the-counter & prescription drugs) taken routinely. Please be sure to bring enough medication to last the entire camp session. It must be in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the camper's name, dosage and frequency of administration. Be sure medications are not expired.

This person **takes NO medications** on a routine basis.      OR       This person **takes medication as listed below:**

Med # 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med # 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times \_\_\_\_\_

Other medication information, attach pages if needed:

  
  

Are there over-the-counter medications taken during the school year that participant may not take during summer camp?

Identify please \_\_\_\_\_

**PHYSICIAN:** Name of camper's physician \_\_\_\_\_ Phone \_\_\_\_\_

**(health form page 2)**

**GENERAL QUESTIONS:**

Does the participant:

- |  | Yes                      | No                       |                                     | Yes                      | No                       |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Have problems with joints (knees, ankles)?  | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have frequent headaches?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have problems with sleepwalking?            | <input type="checkbox"/> | <input type="checkbox"/> | 5. Have problems with bedwetting?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wear glasses, contacts, protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Received mental health treatment | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any of the above, please explain: \_\_\_\_\_

**PAST MEDICAL TREATMENT:** Please list pertinent past medical treatment that is beneficial for camper care:

**CURRENT CONCERNS:**

Provide other information of current/past physical, mental, or psychological conditions requiring medication, treatment, or special restrictions and considerations while at camp:

**IMMUNIZATIONS:**

**\*\* REQUIRED: Month/Year of last tetanus shot: \_\_\_\_ / \_\_\_\_**

**I, the parent/legal guardian, attest that all immunizations of the above name camper are up to date as required for school attendance.**       Yes       No

**OVER-THE-COUNTER MEDICATIONS:**

I give permission for my child to be given *over-the-counter* medications including: ibuprofen, diphenhydramine (Benadryl), acetaminophen, throat spray, sting-kill swabs, first aid spray, antibiotic ointment, calamine lotion, eye irrigating solution and cough drops,  
 Yes       No    If you checked "no" please explain:

Do not give my child the following over-the-counter medications listed above: \_\_\_\_\_

In the event that your child becomes ill, you will be notified. For his/her health, as well as for the health of the other campers and staff, and upon the advice of the Health Care manager, the camp and parent together may decide it best for the parent to pick the child up early from camp. Camp administration holds the right to make the final decision.

**SIGNATURES REQUIRED! Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The person herein described has permission to take part in all camp activities except those noted above. I hereby give permission to Camp Blue Diamond leaders to provide routine health care, administer prescribed medications, and seek emergency treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary health related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person name above. The completed form may be photocopied for trips out of camp. If permission to treat is refused for religious or other reasons, contact camp to receive a liability waiver.

Parent/Guardian or adult camper \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

The camper registering for camp agrees to abide by all regulations concerning personal conduct and use of camp property. Should it become necessary for the camper to return home we, the parent(s)/guardian, will abide by camp's decision and provide transportation. We give Camp Blue Diamond permission to photograph or video our child. Use of photos and videos will be limited to camp publications, including the website, summer video, group photos and promotional information including Facebook.

Parent/Guardian or adult camper \_\_\_\_\_ Date \_\_\_\_\_

**FOR HEALTH CARE MANAGER USE ONLY**      **NOTES:**  
 Screening: \_\_\_\_/\_\_\_\_/\_\_\_\_    Initials: \_\_\_\_\_