



One, Though Many:

Being the Body of Christ Despite Differences

“Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ.” 1 Corinthians 12:12 (NIV)



Kick off the year right by coming to the Youth Retreat! Join Camp Blue Diamond and the Middle PA District as we welcome Tyler Goss. Tyler has been a part of National Youth Conference and the Youth Peace Travel Team. Together we will explore how we are the body of Christ and what that means for how we interact with one another and the world around us. Come for this awesome weekend full of games, singing, crafts, karaoke, friends, sledding/tubing and much more!

Who: Youth in grades 9-12
When: Jan. 11-13, 2019
 Begins 7 p.m. Fri. - Ends 1:30 p.m. Sun.

Cost: \$80
 Early Bird Discount:
 \$70 if you register by Dec. 31st

Where: Camp Blue Diamond
Bring: Sleeping bag, pillow, Bible, Flashlight, Boots and Warm Clothing!

Complete this form and mail to: **Camp Blue Diamond, P.O. Box 240, Petersburg, PA 16669**
 Make checks to: Camp Blue Diamond Questions: call (814) 667-2355 or email: campbluediamond@verizon.net

Camp Blue Diamond/ Middle PA District Youth Retreat: January 11 – 13, 2019

Name: _____ **Gender:** M / F **Email:** _____

Street: _____ **Phone:** _____ **Congregation:** _____

City: _____ **State:** ____ **Zip Code:** _____ **Grade:** _____

Parents: I give my child permission to attend the **Sr. High Retreat at CBD on Jan. 11-13**. I authorize the leaders to act in any emergency and give permission to the physician selected to hospitalize or secure treatment as needed. Should it become necessary for my child to return home for any reason prior to closing, I will abide by the decision and provide transportation. I give permission to use pictures of my child in CBD brochures & publicity.

_____ Date: _____

Signed by Parent/Legal Guardian
 Medications: Bring in Original Bottle w/ Instructions: _____

Allergies: _____ Is Child covered by Medical/Hospital Insurance? Yes / No

Insurance Carrier: _____ Policy #: _____ Insurance Phone #: _____

Check or Card → Number ____/____/____/____ Exp. Date: ____/____ Security # ____ Name _____

