

3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> Graders Won't Want to Miss Camp Blue Diamond's Jr. Retreat

# MIRACLES

## THE POWER OF JESUS

The Bible tells us that Jesus' miracles served the purpose of demonstrating Jesus' power and divine authority. Jesus showed that He had God's power by healing physical illness, raising from the dead, feeding the 5,000 and even forgiving people's sins! We will spend time learning about the miracles performed by Jesus and what they can teach us today!

Who: YOU! (3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> graders)

Where: Camp Blue Diamond

When: October 20<sup>th</sup> & 21<sup>st</sup>  
7:00pm Friday  
to 7:00pm Saturday

Cost: \$35.00  
Register by Oct.  
11<sup>th</sup> and Pay \$30!

Why: To have FANTASTIC FUN!

Be sure to bring: Sleeping bag & pillow, Bible,  
Clothes for outdoors  
We will be staying in winterized cabins



We will also have your CBD favorites like singing, games, a campfire, the giant swing, outside fun, arts and crafts, and your favorite counselors.

Complete the form and send it along with payment to: Camp Blue Diamond, PO Box 240, Petersburg, PA 16669  
Make checks payable to: Camp Blue Diamond Questions: call (814)667-2355 or email campbluediamond@verizon.net

Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Church \_\_\_\_\_

Parent/Guardian: I give my child permission to participate in the Junior Retreat at CBD on Oct. 20-21. 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 & provide transportation. Also, I give permission to use pictures of my child in brochures and other publicity used by CBD.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Parent's Email \_\_\_\_\_

**Junior Retreat: Oct. 20-21**

Trained certified instructors will be present at all times while campers are using the giant swing. Equipment is inspected before each use, and counselors are regularly evaluated and supervised as they serve as spotters and instructors. The giant swing is inspected yearly by Universal Ropes, a building, training and certification organization accredited by the Association for Challenge Course Technology. There are inherent risks involved with challenge activities such as the giant swing. By marking the 'Yes' box, you are agreeing to let your child ride the giant swing if he/she wishes, and you are acknowledging that you understand that the giant swing has risks. By marking the 'No' box, you are not allowing your child to ride the giant swing – another activity will be substituted.

I wish for my child to participate in the Giant Swing: Yes  No

Allergies: list all known (include medications, foods, and environment) \_\_\_\_\_

List medications being brought to camp: (Be sure to bring meds. in original bottles with instructions.) \_\_\_\_\_

Is the participant covered by family medical/hospital insurance? Y N Insurance carrier or plan name \_\_\_\_\_

Group # \_\_\_\_\_ Carrier address/phone: \_\_\_\_\_