



## Senior Camp 2024 Camp Application

Senior camp ages 12-17 is July 8-12, 2024. Drop off time is Monday 1:00-2:00. Please don't come before 1:00 or you will need to wait in your car. Pickup time is Friday 10:00 AM.

Camp Jabez is proud to serve your child this week. We pray this week will not only be very exciting but an opportunity for your child to take one further step toward a full life with Christ.

Total camp cost: \$25 Application fee \$225 Camper fee  
We recommend \$25 for your child to use in the canteen

- Check here if you are an Angel Tree camper  
Requires a \$25 non-refundable deposit this year. The deposit will be used as a credit to the canteen when they show up.

- Required with this application:
- \$25 Application fee
  - Medical form
  - Signed COVID waiver
  - Release of Liability Form

For questions about registration call: 270-858-4130.

Camper Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age \_\_\_\_\_

Camper Date of Birth: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I authorize use of photos or video taken of my child at camp for promotional purposes for Camp Jabez.  
\_\_\_\_\_ (initial)

\_\_\_\_\_  
Parent/Guardian Signature

- Requesting scholarship. Scholarships do not cover application fee.  
(Proof of eligibility is required)

**MAIL APPLICATIONS AND FEES TO:**

**CAMP JABEZ OTC  
2109 HWY 3277**



## Medical Form

Childs Name: \_\_\_\_\_ Date \_\_\_\_\_

DOB: \_\_\_\_\_ Age at time of camp: \_\_\_\_\_

Emergency Contact for medical reasons

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Can your child take Tylenol or Advil: \_\_\_\_\_

Do you want to be notified? \_\_\_\_\_

Please list any medical conditions, behavioral issues, or allergies.

Medical Issues: (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Medications:**                      **Campers Name:** \_\_\_\_\_

*Please pack all medications in a gallon sized zip lock bag and turn them into the nurse at registration. Medications should be kept in their original packaging. All medications will be dispensed by the nurse.*

**Medication:** \_\_\_\_\_

**Time(s) to take, how many, and dosage:**

\_\_\_\_\_

**Medication:** \_\_\_\_\_

**Time(s) to take, how many, and dosage:**

\_\_\_\_\_

**Medication:** \_\_\_\_\_

**Time(s) to take, how many, and dosage:**

\_\_\_\_\_

**Medication:** \_\_\_\_\_

**Time(s) to take, how many and dose:**

\_\_\_\_\_

**(If more room is needed use back of paper.)**

Campers Name: \_\_\_\_\_

## Emergency Contact

Same as Parent/Guardian Yes No

If No please give the following information

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

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## Authorized Pickup

Please list all those you authorize to pick up your child.

They will need to sign this before leaving

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Billing Information**

**Campers Name:** \_\_\_\_\_

*Is the billing name the same as Parent/Guardian Yes No*

*If No please give the following information*

Name \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Can you receive texts at this number Yes No

Email: \_\_\_\_\_

**Is the camper supported by Angel Tree Yes No**

*Angel Tree will cover the full cost of Application fee and Registration fee. Simply Sign below and send this in, we will register your child*

**Are you requesting a scholarship Yes No**

*Scholarships do not apply to the \$25 Application fee. We will contact you with scholarship options.*

*Application Fee  
\$25*

*Registration  
\$225*

*Sibling Discount (2 or more from same family)  
\$50 per sibling after first full tuition*

List siblings here \_\_\_\_\_

I am making the full payment.....  \$ \_\_\_\_\_

I am paying only the Application fee now  \$ \_\_\_\_\_

*If only the Application Fee is paid with the application, any and all balance is due 2 weeks prior to the start of camp or that slot will be released to the waiting list.*

*Please send a check payable to Camp Jabez with your child's name in the memo area to:*

*Camp Jabez on the Cumberland  
2109 Hwy 3277  
Nancy, KY 42544*

Your slot will be reserved only after we receive your payment for the Application Fee. All fees are non-refundable/non-transferable.

I hereby give permission for my child/children to participate in Camp Jabez on the Cumberland Youth Camp. Having read and understood all the information on this form, I hereby allow my child to attend camp this summer.

\_\_\_\_\_  
Parent/Guardian Signature

## 2023 Camp Jabez on the Cumberland COVID-19 Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. Camp Jabez on the Cumberland has put in place preventative measures to reduce the spread of COVID-19; however, Camp Jabez on the Cumberland cannot guarantee that you will not become infected with COVID 19. Further, participation could increase your risk of contracting COVID-19.

### READ CAREFULLY BEFORE SIGNING

By signing this agreement, we acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that we may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. We understand that the risk of becoming exposed to or infected by COVID-19 and may result from the actions, omissions, or negligence of myself and others, including, but not limited to, volunteers, and program participants and their families.

We voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including but not limited to personal injury, disability and death), illness, damage, loss, claim, liability, or expense of any kind, that I may experience or incur in connection with my participation at Camp Jabez on the Cumberland. On my behalf we hereby release, covenant not to sue, discharge, and hold harmless Camp Jabez on the Cumberland, its agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. We understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Camp Jabez on the Cumberland, its agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Camp Jabez on the Cumberland.

We represent that we have adequate insurance to cover any injury or illness we may suffer or cause while participation in this activity, or else we agree to bear the costs of such injury or illness myself. We further represent that we have no medical or physical condition which could interfere with our safety in this activity, or else we are willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

By signing this document, we agree that if we or persons in my party are exposed or infected by COVID-19 during our participation in this activity, then we may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. In addition, we have had sufficient time to read this entire document. We have read and understood this document and we agree to be bound by its terms. Refusal to sign will prohibit entrance into camp.

Primary Camper Parent/Legal Guardian Signature

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Date \_\_\_\_\_



**Camp Jabez on the Cumberland**  
**2109 Hwy 3277**  
**Nancy, KY 42544**  
**270-858-4130**

**Release of Liability of Minor Claim**

I, \_\_\_\_\_ custodian, guardian, conservator and the parent, and/or caretaker of (hereinafter referred to as “Guardian” of \_\_\_\_\_ a minor (hereinafter referred to as” Minor”).

In consideration of the activities and training provided by CAMP JABEZ OTC and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, Guardian, on behalf of Minor, their heirs, legal representatives, agents, successors, and assigns, hereby and forever releases and discharges CAMP JABEZ OTC (hereinafter referred to as “CAMP JABEZ”), as well as their sponsors, respective agents, successors, assigns, officers, directors, shareholders, employees, attorneys guarantors, sureties, and insurers and any persons acting on its or their behalf from any and all injuries, losses, damages, liabilities, defenses, claims, actions, causes of action, suits, debts, promises, demands, or agreements, of whatever nature or kind, known and unknown, whether based in law or in equity, including any claim for punitive or exemplary damages, that Minor(s) ever had or now has or that anyone claiming through or under Minor may have or claim to have which was raised or asserted or could have been raised or asserted by Minor against CAMP JABEZ at any time before, presently or even after the execution of this release, it being expressly understood that acceptance of said training and activities provided by CAMP JABEZ is in full accord and satisfaction of any and all claims.

Thank you

Camp Jabez OTC

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_