



# Junior Camp 2024

## Camp Application

Junior camp is July 15-19,2024. 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
  - Release of Liability Form

All fees are non-refundable/non-transferable.  
The balance of \$225 is due 2 weeks prior to the start of camp.  
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  
NANCY, KY 42544



## Medical Form

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

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

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

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

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.

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

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

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

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

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**Medications:**

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_  
**Phone number where the nurse may reach you:**

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 the Registration fee. Angel Tree requires a \$25 non-refundable deposit this year. The deposit will be used as a credit to the canteen when they show up. Simply Sign below and send this in with the \$25 deposit, 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)  
\$25 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**



**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 \_\_\_\_\_