

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:

□ 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.

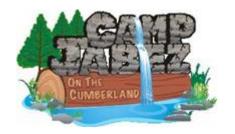
For questions about registration call: 270-858-4130.

Camper Name:Camper Date of Birth:		M F	: Age
		Shirt size:	
Parent or Guardian	Name:		
Street:	City:	State:	Zip:
Phone: () _	Email:		
I authorize use of photo	s or video taken of my child at	camp for promotional pu	rposes for Camp Jabez.
	Parent/Gua	ardian 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 i	notified?
•	ns in a gallon sized zip lock bag and turn them into the edications should be kept in their original packaging. Alnsed by the nurse.
Please list any medical allergies.	conditions, behavioral issues, medication, or
Medical Issues: (plea	ase be specific):
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D. I	······································
Behavioral Issues:	
	
Allergies:	



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 No	ıme:	
Emergency	/ Contact	
	Same as Parent/Guardian Yes No	
	If No please give the following information	on
	Name	
	Cell Phone	
	A. Al	
	Authorized Pickup	
	Please list all those you authorize to pick They will need to sign this before leaving	up your child.
	Name	
	Signature	_Date
	Name	
	Signature	_Date
	Name	
	Signature	_Date

Billing	Information	Campe	rs Name:		-
	lling name the sam case give the follow	e as Parent/Guardio ving information	an Yes No		
Name			_		
Street: _		City:	State:	Zip:	
Phone: (_)	Can you	receive texts at this	number Yes No	
Email:					
Is the co	Ang requ as a	iires a \$25 non-ref credit to the cante	ne full cost of the Re undable deposit this	egistration fee. Angel Ti year. The deposit will b ip. Simply Sign below an r your child	e used
. 5	requesting a scho Scholarships do not scholarship options	apply to the \$25 A	Application fee. We w	vill contact you with	
Applicati \$25	on Fee Reg. \$	istration 225		r more from same famil ng after first full tuitic	•
List sibli	ngs here				
I am mak	king the full payme	nt 🗆	\$		
I	f only the Applicat	•		and all balance is due 2 he waiting list.	weeks
Please se	end a check payable	e to Camp Jabez wi	th your child's name i	n the memo area to:	
2109 Hw	bez on the Cumber y 3277 'Y 42544	land			
	will be reserved or refundable/non-tro	•	e your payment for t	he Application Fee. All	fees
Camp. Ha				abez on the Cumberland ereby allow my child to a	



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.
Γhank you
Camp Jabez OTC
Parent/Guardian Name
Signature Date