

## 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
- $\hfill\square$  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)

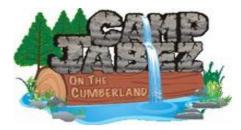
> MAIL APPLICATIONS AND FEES TO: CAMP JABEZ OTC

2109 HWY 3277



# **Medical Form**

Childs Name:	Date
DOB: Age at time of co	amp:
Emergency Contact for medical rea	
Cell Phone Can your child take Tylenol or A	
Do you want to be notified?	
Please list any medical conditions, b	oehavioral issues, or allergies.
<b>Medical Issues</b> : (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:

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(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\_\_\_\_\_

### 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

<b>Billing Informa</b>	tion
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-	me the same as Pare ve the following infor		: No		
Name					
Street:	City: _		State:	Zip:	
Phone: (	)	Can you receiv	e texts at th	is number Yes No	
Email:					
Are you reques	requires a \$2 as a credit to this in with t <b>ting a scholarship</b>	vill cover the full 25 non-refundable o the canteen whe he \$25 deposit, v <b>Yes No</b>	e deposit thi: en they show we will regist	Registration fee. Angel Tre s year. The deposit will be u up. Simply Sign below and er your child will contact you with	used
	ship options.		11011 JEE. WE		
Application Fee \$25	Registration \$225	Sibling		or more from same family) ling after first full tuition	
List siblings her	e				
I am making the	e full payment	5			
If only a	the Application fee the Application Fee i the start of camp o	is paid with the a	pplication, an	y and all balance is due 2 w the waiting list.	eeks
Please send a ch	neck payable to Camp	o Jabez with your	r child's name	in the memo area to:	
Camp Jabez on 2109 Hwy 3277 Nancy, KY 425					
	e reserved only after able/non-transferabl	•	payment for	the Application Fee. All fe	es

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.



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

### **Release of Liability of Minor Claim**

\_\_\_\_\_ custodian, guardian, conservator and the I, 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 \_\_\_\_\_