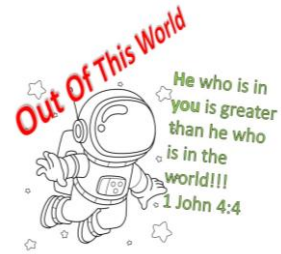




Junior Camp 2025

Ages 8-12
Camp Application



Junior camp is July 14-18,2025. Drop off time is Monday 1:00-2:00 EST. 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 \$250 Camper fee
We recommend \$25 for your child to use in the canteen

- Check here if you are an Angel Tree camper through Prison Fellowship.
Requires a \$25 non-refundable deposit. 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 \$250 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.
Scholarship application is attached

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): _____

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 Name: _____

Emergency Contact

Same as Parent/Guardian Yes No
If No please provide 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 _____

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 as Angel Tree in the Prison Fellowship program. Yes No
Angel Tree will cover the full cost of the Registration fee. Angel Tree requires a \$25 non-refundable deposit. The deposit will be used as a credit to the canteen when they show up. 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. Please fill out the attached scholarship application. We will contact you with scholarship options.

<i>Application Fee</i>	<i>Registration</i>	<i>Sibling Discount (2 or more from same family)</i>
<i>\$25</i>	<i>\$250</i>	<i>\$25 per sibling after first full tuition</i>

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 this application and a check 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 _____



Scholarship Application

Please briefly explain your need for a scholarship. Include your contact information. The total cost for camp is a nonrefundable \$25 application fee (not covered by a scholarship) and \$250 registration charge. Please let us know how much of the \$250 you can cover and we will see if the balance can be covered with a scholarship. Our scholarship funds are limited so we will do what we can to meet as many needs as possible. After you submit the form we will review it and contact you with your scholarship options.

Camper Name _____

Parent/Guardian Name _____

Email _____

Phone _____

Please tell us why you need a scholarship for your camper and how much of the \$250 cost you can pay (along with the \$25 application fee). Our requests have increased and we want to help everybody by providing what people need after the caretaker has provided what they can
