

**Camp Jubilee 2012 Spring Youth Retreat Friday-Saturday**  
Cost \$35.00 per child-check-time 5:00-6:00PM on Friday

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

Please check Retreat you will be attending-  April 13-14  April 20-21

Parent or Guardian: \_\_\_\_\_  
(If camper is under the age of 18)

Address: \_\_\_\_\_

\_\_\_\_\_

Campers Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent or Guardian Work Number: \_\_\_\_\_

Extra Number in Event of Emergency: \_\_\_\_\_

Name of Church, Pastor, Address, and Phone Number where you are a member.

\_\_\_\_\_

Name of chaperone during retreat: \_\_\_\_\_

**FOR THEIR SAFETY!!**

**(Applies to campers under adult age)**

Camp Jubilee is situated on a farm, and campers sleep in dorms. We serve a wide variety of camp style foods, so know if any of your campers have food allergies, as they may find they cannot eat some of our foods. **We request a parent or legal guardian accompany any camper with special needs, (food allergies, asthma, breathing problems, or any other condition or special need, allergies to any insects such as bees, wasps, and or mosquitoes.....etc).**

We want these children/youth to come, but for their own safety and because we love them, a parent or legal guardian is encouraged to accompany them. If a parent or legal guardian cannot come, we request that a responsible person be chosen to stand in for the parent/guardian. This person will be responsible for the safety of the camper with medical needs. A notarized letter giving the person, representing the parent/guardian, consent to act in behalf of the camper in the event medical treatment is required. **This person will assume full responsibility for this child/youth at all times.**

**NOTARIZATION REQUIRED**

**MEDICAL FORM-CAMP JUBILEE**

**MAILING INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIVE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

(Person to contact in the event of an emergency)

**Health Insurance Information**

Health Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THE BOTTOM OF THIS FORM.**

COPY OF INSURANCE CARD:

Notary Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARIZATION REQUIRED Camp Jubilee**

**MEDICAL INFORMATION:**

Person to contact if relative cannot be reached: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name and phone number of personal physician: \_\_\_\_\_  
\_\_\_\_\_

List all medication you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

Reason medication is required: \_\_\_\_\_

**Date of last Tetanus shot: \_\_\_\_\_ (Important, be sure to check with your Dr.)**

List any physical or activity restrictions: \_\_\_\_\_

List allergies and types of allergies: \_\_\_\_\_

What treatment is required for allergies: \_\_\_\_\_

List any conditions such as diabetes, nose bleeds, migraines, etc. \_\_\_\_\_  
\_\_\_\_\_

List required treatment for any conditions listed above: \_\_\_\_\_  
\_\_\_\_\_

List any heat related conditions: \_\_\_\_\_

Sleep Walk: Yes \_\_\_\_\_ No \_\_\_\_\_

# Camp Jubilee

**A Medical & Accident Waiver Form, Special Activities Form, Medical & Liability Release Form, and Medical Form must be completed for each person attending camp and must be signed by a notary. This request is for the safety of your group and we appreciate your attention to this matter.**

I hereby grant permission for my child, \_\_\_\_\_, to attend Camp Jubilee and to be under the care of

\_\_\_\_\_ (Name of person in charge from your church)

from \_\_\_\_\_ (name of church group or organization)

Dates: \_\_\_\_\_ In the event of a medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the Physician selected by \_\_\_\_\_ and camp director to hospitalize and secure proper \_\_\_\_\_ treatment, and order injection, anesthesia, surgery, or etc. for my child as named above.

**I also affirm that the medical information on the prior form is complete and correct to the best of my knowledge.**

Signature of Parent(s) or Guardian(s):

\_\_\_\_\_

Date: \_\_\_\_\_

**Many of our activities are a Christian Camp/ Agritourism setting. Therefore, under Tennessee law there is no liability for an injury or death of a participant in an Agritourism activity.**

Notarization Required

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

# Medical & Liability Release Form

Camp Jubilee/Ronnie Owens Ministries  
Notarized Permission Form

Participant's Full Legal Name: \_\_\_\_\_

By signing this form, I agree that I have read and do agree that Camp Jubilee Inc, Ronnie Owens, or Ronnie Owens Ministries will not be held in any way responsible for any accidents or injuries either coming or going during this trip. This will include, but is not limited to accidents that may occur on or off camp, or in relation to any equipment I may be using. This also includes the waterslide, pool, hayrides, climbing wall, zip line, or any and all other activities I participate in.

I understand that I am taking this trip and participating in any activities with full knowledge that any and all accidents/injuries will be my responsibility in all aspects. This will include and is not limited to any and all legal and medical responsibilities. I understand that Camp Jubilee Inc, Ronnie Owens/Ronnie Owens Ministries is not responsible for any accidents that may occur during this trip. This includes, but is not limited to, accidents, death, or dismemberment.

I understand that Camp Jubilee Inc, Ronnie Owens/Ronnie Owens Ministries does not provide a guide for tubing, hiking, or any other off camp activity. I understand that Camp Jubilee Inc, Ronnie Owens/Ronnie Owens Ministries will provide no lifeguard or medical personnel for any and all off camp activities or trips. I also understand if I become separated from the group and become lost, injured, dismembered or if death were to occur that Camp Jubilee Inc, Ronnie Owens/Ronnie Owens Ministries is not responsible.

I understand that I am to wear a life jacket at all times during the tubing trips and have been instructed to do so for my safety. I understand that Camp Jubilee Inc, Ronnie Owens/Ronnie Owens Ministries is not responsible for any injury, death, or dismemberment in relation to any equipment or equipment use on or off camp and that I am taking full responsibility for any and all activities.

By signing this document I am confirming that I have read this document in its entirety and I am in full understanding and agree to all of the above terms.

I \_\_\_\_\_ Date \_\_\_\_\_  
(Person responsible for participant)

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(This form must be signed by both parents and or legal guardians if under the age of 18, if still living at home, or if the participant is still the responsibility of parents or guardians. This document must be signed by participant 18 and over including all adults, chaperones, and any and all people participating in any and or all activities in relation to Camp Jubilee Inc, Ronnie Owens/Ronnie Owens Ministries.)**

**Notary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notarization Required**

## ***What to pack for Camp Jubilee:***

- Pants** (Blue Jeans)
- Shorts** (NO-Short -Shorts)
- T-Shirts & Tops**
- Swim Wear** (One Piece Only)
- Night Wear-P.J.'s**  
(People staying more than a week will be given laundry time)
- Flash Light**
- Bible**
- Medication if needed**
- Medication for headaches and stomachaches** (medicine that you are familiar with, please don't try anything new)
- Flip Flops**
- Bed Sheet set** (full size)
- Clothes Hangers**
- Shaving Supplies**
- Bath Soap and Supplies**
- Bath Towels**
- Beach Towels**
- Camera** (disposable is better than your mom's brand new Cannon or Nikon)
- Pillow**
- Blanket**
- Sleeping Bag**
- Tooth Brush & Tooth Paste**
- Hair Supplies** (if you have long hair you may need something to keep hair up)
- Hat** (optional)
- Spending money for camp store if you want**

**Camp Address & Info:**  
**Ronnie Owens Ministries/Camp Jubilee**  
**3316 Owens Ridge Rd.**  
**Tazewell, TN 37879**  
**423-733-8581 Camp Office**  
**423-733-4292 Home**  
**Email: ronnieowensministries@gmail.com**

[www.ronnieowensministries.com](http://www.ronnieowensministries.com)

[www.campjubileeinc.com](http://www.campjubileeinc.com)

Please return all camp forms to the office address listed above. Thanks!