

Camp Jubilee ~ Student Registration

| | | | |
|---|---|-------|-------------|
| Student's Name | Date of Birth | Age | Male/Female |
| Address | Phone | | |
| Parent/Guardian | Phone | | |
| Emergency contact if parent/guardian can't be reached | relationship to camper | Phone | |
| Andrew Murray | Faith Harvest Church - Andrew Murray | | |
| Church Leader/Chaperone | 4850 Kingston Hwy Lenoir City TN 37771 | | |
| | Name of Church, Pastor, Address, Phone where you attend | | |

Name/Number of Primary Care Physician: _____

List all medications you are currently taking: _____

Reason medication is required: _____

Date of last Tetanus shot: _____

****very important; please verify with your doctor****

List any physical or activity restrictions: _____

List any allergies: _____

Treatment 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

Tee shirt size: _____

****NOTARIZATION REQUIRED****

I hereby grant permission for my child, _____, to attend Camp
(student's name)

Jubilee and to be under the care of Andrew Murray from Faith Harvest Church
(church chaperone) (church or organization)

during the following dates June 20 - June 27, 2026. In the event of a medical emergency, I
(dates attending camp)

understand every effort will be made to contact parents/legal guardians of campers. In the event I

cannot be reached, I hereby give permission to the physician selected by Andrew Murray
(church chaperone)

and the camp director to hospitalize and secure proper treatment, and order injection, anesthesia,

surgery, etc. for my child as named above.

Health Insurance Information:

All medical payments are the responsibility of you and your personal insurance. Camp Jubilee only carries secondary insurance.

Health Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____ Phone: _____

****Please attach a copy of your insurance card (front & back)***

By signing below, I agree to take full responsibility for any and all charges.

Signature of Parent/Guardian: _____ Date: _____

Many of our activities are in 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.

Notary Signature: _____ Date: _____

****NOTARIZATION REQUIRED****

Camp Jubilee – Photo/Video Permission Form

I, _____, the parent/guardian of _____, grant Ronnie Owens,
(parent/legal guardian) (student)

Ronnie Owens Ministries, Camp Jubilee, Inc., or staff my permission to use photos/videos taken of
_____, for any legal use, whether in print, digital, or web-based
(student)

format, including but not limited to publicity, copyright purposes, illustration, advertising, social media, newsletters, and/or web content. Furthermore, I understand that no royalty, fee, or any other compensation shall become payable to me by reason of such use. I hereby authorize and hold harmless Ronnie Owens, Ronnies Owens Ministries, Camp Jubilee, Inc., and staff from any reasonable expectation of privacy or confidentiality associated with any images or video taken by Ronnie Owens, Ronnie Owens Ministries, Camp Jubilee, Inc., or staff.

**Camp Jubilee – Off Camp Activities
Permission to Participate Form & Medical Waiver**

Off Camp Activities (including tubing or hiking) / Water Activities / Other Activities

Time for off camp activities have been set into the schedule at the request of groups coming in that are interested in participating in area recreations.

I understand that any activity off-camp releases Camp Jubilee, Inc., Ronnie Owens/Ronnie Owens Ministries, and any staff from any legal responsibilities due to accidents of any situation that may occur during the activity or transport to and from off-camp activities.

_____ has my permission to participate in off camp activities.
(your student’s name)

_____ will be attending camp on the following dates 6/20-27/2026
(your student’s name) (camp dates)

with Faith Harvest Church.
(name of church or organization)

Andrew Murray
Church Chaperone/Person in Charge

Parent/Guardian Signature Date

Witness Date

Notary Signature Date

****NOTARIZATION REQUIRED****

Medical & Liability Release Form
Camp Jubilee, Inc. / Ronnie Owens Ministries

Student's Full Legal Name: _____

By signing this form, I agree that I have read and do agree that Ronnie Owens, Ronnie Owens Ministries, Camp Jubilee, Inc., or staff 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 Ronnie Owens, Ronnie Owens Ministries, Camp Jubilee, Inc. or staff does not provide a guide for tubing, hiking, or any other off-camp activity. I also understand if I become separated from the group and become lost, injured, dismembered or if death were to occur that Ronnie Owens, Ronnie Owens Ministries, Camp Jubilee, Inc., or staff are 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 Ronnie Owens, Ronnie Owens Ministries, Camp Jubilee, Inc., or staff are not responsible for any injury, death or dismemberment in relation to any accidents, equipment or equipment use on or off camp and that I am taking full responsibility for any and all activities. I understand that I am taking this trip and participating in activities with full knowledge that any and all accidents/injuries will be my responsibility in all aspects.

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

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Notary Signature

Date

Witness

Date

What to pack for Camp Jubilee

- Bible
- Pants/jeans (no excessive holes or too tight)
- Shorts (modest length...remember “whose” you are-no more than 5” above bend of knee)
- T-shirts/tops (no spaghetti straps, low cut, or crop tops, no inappropriate images/sayings)
- Swimwear (one piece only-no low cut at top or high cut at bottom)
- Pajamas (same rules apply with shorts/tops)
- Flashlight
- Medication, if needed
- OTC medication (please don’t try anything new; bring what you are familiar with)
- Bug spray
- Sunscreen
- Old shoes
- Tennis shoes
- Twin size bedding/pillow/blanket/sleeping bag
- Bath supplies
- Shaving supplies
- Toothbrush/toothpaste
- Hair supplies
- Bath/beach towels
- For tubing: shoes with a back are required (crocs/water shoes work great!)

Optional

- Watch
- Clothes hangers
- Lotion
- Sunburn lotion
- Camera (disposable is better)
- Hat (please do not wear during service)

Be sure to bring enough clothes, but please do not bring anything that you do not want damaged. Camp has a way of making new clothes old and old clothes older.

FOR THEIR SAFETY!!

(This applies to campers under age 18)

Camp Jubilee is situated on a farm and campers sleep in dorms. We serve a wide variety of camp-style foods, so please be aware if any of your campers have food allergies. **We request a parent/legal guardian accompany any camper with special needs such as food or insect allergies, asthma/breathing problems, or any other condition that may require immediate medical attention.** If a parent/legal guardian cannot accompany your child, please be sure to appoint another adult that will be attending to be responsible for any medical needs that may arise.

Camp Jubilee – 3316 Owens Ridge Rd – Tazewell, TN 37879

Email: campjubilee86@gmail.com

Camp contact: Michelle 912-276-0456