

ESCAPE TO 

YOUTH CAMP

ENCOUNTER GOD'S PRESENCE



@jubilee_young_adults

SEPTEMBER 6-8, 2019

Yes, I'm coming to Youth Camp 2019!

Name: _____

Address: _____

Phone: _____

Birth Date: _____

Health Card #: _____

Doctor's name: _____

Person to contact in case of emergency: _____

Home phone: _____

Work phone: _____

Please list any conditions or special needs that group leaders and/or health care providers should know: (i.e.: any medical and/or food allergies, medical problems, medications being taken or other pertinent information) _____

I give permission for my child to participate in all planned activities at JCC's Youth Camp 2019 from September 6 to September 8, 2019 at Rocky Ridge Ranch. I hereby release Voice of Healing Ministries (o/a Jubilee Community Church), its officers, staff, and volunteers from liability for any injury or illness that my child may experience during Youth Camp 2019.

In the event of an emergency, I hereby authorize JCC's Youth Camp 2019 organizers to consent to any medical care advised by licensed health care providers. I hereby release Voice of Healing Ministries (o/a Jubilee Community Church) from any liability - legal or financial - for emergency care provided for my child.

I expect to be informed as soon as possible.

Parent's/legal guardian's signature: _____

Please return form with a payment of \$125 (payable to Jubilee Community Church) to Guest Services no later than Sunday, September 1 (or to Youth no later than Friday, August 30).