

**Jamboree 2023 Information and Registration Packet**  
**August 18-20, 2023**  
**Green Lake Conference Center**

Please note that there are a few changes from previous years, so read everything carefully.

**WHO MAY ATTEND:**

- All members and parents of Job's Daughters as well as Majority members
- All past and present Bethel Guardian Council members
- Special guests like the Grand Master, Supreme Team, and others approved by the Jamboree Board
- MWJD Pageant & Reception – Any family or friends of the contestants may attend. They must register and pay the fee. These guests will need to leave the grounds immediately upon the conclusion of the reception and during their stay restricted to Green Lake public areas, Bauer Lodge Lobby & Lobby of Roger Williams Inn.
- Due to insurance and liability restrictions, Jamboree is a CLOSED event. Anyone attending MUST be registered, paid in full and complete medical, sleeping arrangement and media release forms.

**REGISTRATION**

- Due by June 1<sup>st</sup>
- Any registration received between June 2-14 will incur a \$20 late fee per person.
- No registrations will be accepted after June 14<sup>th</sup>.

**COST:**

**Full Weekend:**

- **\$145 per person**
- Includes 2 nights lodging, Friday dinner, Saturday breakfast, lunch and dinner and Sunday breakfast
- Sunday Lunch is optional at \$16 per person
- All active members of Job's Daughters will receive \$40 off, including those who are Grand Bethel Officers, Choir and Representatives, even if they are 20 years old. In addition Wisconsin Daughters will receive an additional \$50.

**Partial Registration:**

- 1 day pass (either Friday or Saturday) - \$25
- Saturday Pageant only - \$10
- Sunday installation – No fee
- No meals or lodging are included in partial registrations

**Payments in FULL are required by the Registration Date.**  
**Non-refundable**

**POLICIES**

Anyone not registered for the full weekend are prohibited from staying overnight. Anyone found in violation will be charged the full weekend rate.

**Check in –**

Will begin at 1 pm on Friday in the lobby of Bauer Lodge. Keys will be available after 4 pm at the Kraft Administration Building

Check out – 10 am Sunday

**Housing –**

If any special requirements are needed, please indicate on the registration form. To maximize housing, couples may be split up.

**Dining -**

Served cafeteria style in main dining room

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## **Volunteers needed**

**Jamboree is not possible without volunteers**  
**Please review the list below and confirm at a minimum**  
**One security person per bethel for the weekend**

<b>Name</b>	<b>Bethel #</b>	<b>Contact info</b>	<b>Security</b>	<b>Medical</b>	<b>Other</b>

## JAMBOREE 2023 REGISTRATION FORM

Registration is not complete unless accompanied by Medical & Sleeping/Dressing arrangements along with medical Release forms for All Daughters & Adults to be kept in possession of bethel designee

Bethel # \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

**Out of State Daughters \$105 PER PERSON**

**Wisconsin Daughters \$55.00**

	Name	Title	Date of Birth	SUNDAY LUNCH \$16 additional
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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### Adults \$145 PER PERSON

	Name	Title	CAV #	SUNDAY LUNCH - \$16 additional
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

### Partial Registrations

	Name	FRIDAY DAY PASS - \$25	SATURDAY DAY PASS - \$25	PAGEANT ONLY - \$10 arriving after 5pm
1				
2				
3				
4				
5				
6				

TOTAL # OF OUT OF STATE DAUGHTERS \_\_\_\_\_ X \$105 = \_\_\_\_\_  
 TOTAL # OF WISCONSIN DAUGHTERS \_\_\_\_\_ X \$55 = \_\_\_\_\_  
 TOTAL # OF ADULTS \_\_\_\_\_ X \$145 = \_\_\_\_\_  
 TOTAL # OF DAY PASSES \_\_\_\_\_ X \$25 = \_\_\_\_\_  
 TOTAL # OF PAGEANT ONLY \_\_\_\_\_ X \$10 = \_\_\_\_\_  
 TOTAL # OF SUNDAY LUNCHES \_\_\_\_\_ X \$16 = \_\_\_\_\_

GRAND TOTAL - \$ \_\_\_\_\_

**Make checks payable to Job's Daughters Jamboree, Inc.**

Mail checks to: Kay Beix, Jamboree Board President  
 N65337 Highway DD  
 Burlington, WI. 53105

## Sleeping/Dressing Arrangement Release

Daughter Name: \_\_\_\_\_ Bethel #: \_\_\_\_\_

I understand that my daughter may be attending events that may require her to be assigned to a sleeping/dressing area with Daughters of various ages and, on occasion, female adult chaperones.

This Sleeping/Dressing Arrangement Release may be rescinded at any time upon written request by the parent/legal guardian.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Special Needs/Concerns:

## Job's Daughters International Media Release Form

I grant permission to Job's Daughters International and its subordinates, to use my name and/or photographs for use in Job's Daughters International publications such as recruiting brochures, newsletters, and magazines, and to use my name and/or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Job's Daughters International web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Jobs Daughters International and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your present situation:

\_\_\_\_ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: \_\_\_\_\_ Bethel No. \_\_\_\_\_ Location \_\_\_\_\_  
(City/State/Province)

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Zip/Postal Code)

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

Signature of parent or legal guardian (if under 20 years of age): \_\_\_\_\_



# INTERNATIONAL ORDER OF JOB'S DAUGHTERS PERSONAL HEALTH FORM FOR WISCONSIN



My Daughter \_\_\_\_\_ of Bethel # \_\_\_\_\_ has permission to accompany Wisconsin Job's Daughters of the International Order of Job's Daughters to all activities and events by said Order when accompanied by the adults of the same Organization. The information on this form will be used at the discretion of the Bethel Guardian Council to ensure that care and attention are given to the health of the Bethel Daughter.

Name \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Identifying marks/scars: \_\_\_\_\_

List any medications needed regularly: \_\_\_\_\_

Does your daughter suffer from any physical or emotional disorders that would prevent her from participating in activities? \_\_\_\_\_

Does your Daughter have any reactions to drugs, food, insect bites, etc.? Please explain and give reaction and treatment \_\_\_\_\_

Has your daughter menstruated? \_\_\_\_\_ If not, has she been told about it? Y / N

Date of last Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_ Does she wear corrective lenses? Y / N Contact lenses? Y / N

Parents' names: \_\_\_\_\_ Address (if different) \_\_\_\_\_

Home Phone: Father (\_\_\_\_) \_\_\_\_\_ Mother (\_\_\_\_) \_\_\_\_\_

Work Phone: Father (\_\_\_\_) \_\_\_\_\_ Mother (\_\_\_\_) \_\_\_\_\_

If not available: Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Family M.D. \_\_\_\_\_ M.D. Phone: (\_\_\_\_) \_\_\_\_\_

Insurance: Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group: \_\_\_\_\_

We, the undersigned, parents/guardians of \_\_\_\_\_ do hereby grant Wisconsin Job's Daughters and/or chaperones of Wisconsin Job's Daughters authority to exercise supervision of our daughter during the time she is participating in a Job's Daughters event. We hereby release said Wisconsin Job's Daughters and/or its chaperones from any liability caused by our daughter's participation in the event.

Further, we authorize the Wisconsin Grand Guardian Council and/or chaperones to obtain for our daughter whatever emergency medical aid might be necessary as a result of injuries received during said activities, and we agree to pay all costs of the same. We further agree to reimburse said chaperones for any monies advanced by them for such purpose, and to further indemnify and hold said chaperones harmless from any and all claims for medical bills or medical expenses arising from any such medical aid so rendered to or for said daughter.

\*\*The undersigned \_\_\_\_\_ agrees \_\_\_\_\_ does not agree that our daughter may be photographed and identified on the web site produced by Wisconsin Grand Guardian Council.\*\*

Father/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

PICTURE AND COPY OF INSURANCE CARD ARE TO BE ATTACHED TO THIS FORM. ANY CHANGES IN DAUGHTER'S CONDITION MUST BE REPORTED AND A NEW FORM SUBMITTED.



**INTERNATIONAL ORDER OF JOB'S DAUGHTERS  
ADULT PERSONAL HEALTH FORM FOR WISCONSIN**



\_\_\_\_\_ of Bethel # \_\_\_\_\_

The information on this form will be used at the discretion of the Bethel Guardian Council to ensure that care and attention are given to the health of the individual above in the case of an emergency.

Name \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color \_\_\_\_\_ Identifying marks/scars \_\_\_\_\_

List any medications needed regularly: \_\_\_\_\_

\_\_\_\_\_

Any concerns about participating in activities? \_\_\_\_\_

\_\_\_\_\_

Any known reactions to drugs, food, insect bites, etc.? Please explain and give reaction and treatment

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_ Corrective lenses? Y / N Contact lenses? Y / N

Emergency Contact: \_\_\_\_\_

Family M.D. \_\_\_\_\_ M.D. Phone: (\_\_\_\_) \_\_\_\_\_

Insurance: Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group: \_\_\_\_\_

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

**COPY OF INSURANCE CARD ARE TO BE ATTACHED TO THIS FORM. ANY CHANGES IN YOUR CONDITION MUST BE REPORTED AND A NEW FORM SUBMITTED.**

Rev 2022

## **Jamboree 2023 August 18-20 - Swimming Release**

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, hereby agree to hold harmless Wisconsin Jobs Daughters, Jobs Daughters International, and Jamboree Incorporated, its directors, officers, employees, volunteers, and agents from any and all claims, demands, actions, or causes of action arising out of or relating to my child's participation in the swimming activities organized by Wisconsin Jobs Daughters and/or Jamboree Incorporated on August 18 – 20 at Wisconsin Jamboree Weekend in Green Lake Wisconsin.

I understand that swimming involves certain inherent risks, including the risk of drowning, injury, or death, and I assume all such risks on behalf of my child. I acknowledge that Wisconsin Jobs Daughters, Jobs Daughters International, and Jamboree Incorporated have taken reasonable measures to minimize such risks, including providing lifeguards, safety equipment, and appropriate supervision.

In consideration of my child being allowed to participate in the swimming activities, I hereby release, waive, discharge, and covenant not to sue Wisconsin Jobs Daughters, Jobs Daughters International, and Jamboree Incorporated, its directors, officers, employees, volunteers, and agents from any and all liability, claims, demands, actions, or causes of action arising out of or relating to any loss, damage, injury, or death that may be sustained by my child while participating in the swimming activities, whether caused by the negligence of [insert name of youth group], its directors, officers, employees, volunteers, and agents, or otherwise.

I further agree to indemnify and hold harmless Wisconsin Jobs Daughters, Jobs Daughters International, and Jamboree Incorporated, its directors, officers, employees, volunteers, and agents from any and all claims, demands, actions, or causes of action brought by any third party arising out of or relating to my child's participation in the swimming activities.

This agreement shall be binding upon me, my child, my heirs, executors, administrators, and assigns.

I have read this agreement and fully understand its terms. I acknowledge that I am giving up legal rights and remedies on behalf of myself, my child, and my heirs, executors, administrators, and assigns.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

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