



One man. Two missions.



## **BOYS2MEN BOOTCAMP 2021**

**“training boys to be men”**

**Sponsored by**

**The Joseph Project**

**For: Boys 7th thru 12th Grade**

**Purpose: Spiritual Building, Team Building, and Leadership**

**The Gospel Message will be presented**

**Cost – Free to (20) boys**

**Date: July 23-25, 2021**

**Application attached**

**[www.Josephprojectformen.com](http://www.Josephprojectformen.com)**

For More Information Call Choices 410.822.3311 – Sharon

Mail application to Joseph Project c/o of Choices Pregnancy Center 505 Dutchmans Lane, B1, Easton, MD 21601

*Application*  
**DALE SKINNER'S BOYS2MEN BOOTCAMP 2021**

In order to submit an applicant for consideration into the Boys2Men mentoring program, please complete the following three-part application: Step 1: Applicant Info and Essay Questions

Step 2: Health History

Step 3: Authorization.

Submit completed application and documentation by deadline date to *Choices Pregnancy Center, 505 Dutchmans Lane, B1, Easton, MD 21601* or questions or more information, please call 410-822-1869.

<b>2020 Bootcamp Date:</b> July 23-25	<b>Location:</b> Camp Pecometh, Centreville, MD 21617
<b>Application Deadline:</b> June 23, 2021	<b>Candidate Confirmation:</b> June 25, 2021
<b>Cost:</b> FREE if registered by June 15, 2021	<b>Capacity:</b> Limited Space (20 boys) so apply early!

**STEP 1: APPLICANT INFORMATION AND ESSAY QUESTIONS**

**APPLICANT INFORMATION**

<b>Applicant Name:</b>		
<b>Address:</b>		<b>Phone:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>		<b>Birthdate:</b>
<b>T-shirt Size:</b> S ___ M ___ L ___ XL ___ XXL ___		
<b>Current School Name:</b>		
<b>School Address:</b>		<b>Current Grade Level:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**PARENT/GUARDIAN INFORMATION**

<b>Parent/Guardian Name:</b>		
<b>Address:</b>		<b>Email:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>		

*Application*  
DALE SKINNER'S BOYS2MEN BOOTCAMP 2021

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STEP 1 (CONT.): HELP US GET TO KNOW YOU BETTER!

Please answer the following questions.

1. Where do you see yourself in 5 years?
  
2. If you could describe your life by a super hero, who would it be and why?
  
3. What do you feel is the biggest problem facing teenage boys in your community?

*And* - What do you think can be done to help solve this problem?

4. Who has been a role model in your life? And why?
  
5. In your opinion what makes you become a man?
  
6. What do you expect to get out of this Bootcamp?

Updated April 2021

## Dale Skinner's Boys 2 Men Bootcamp

### Health Insurance Information

Participants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Emergency Contact:

1. Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Emergency cell phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ relationship: \_\_\_\_\_

Emergency cell phone: \_\_\_\_\_

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

Policy/ID Number: \_\_\_\_\_ Group # \_\_\_\_\_

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

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any health or concerns which may be affected by participation in camp athletic

activities: \_\_\_\_\_

List any Food, Drug or Environmental

allergies: \_\_\_\_\_

List medications and dosage that are taken

daily: \_\_\_\_\_

If your child has a condition that requires daily medication – we need the medication in a labeled plastic bag with his belongings. We will also need a note from his physician saying that he can participate in camp activities.

I do hereby give permission for my child to be transported by a volunteer of the Boys 2 Men Bootcamp Program to Camp Pecometh, Centreville, MD on July 23 then returned to Choices Pregnancy Center in Easton, MD on Sunday July 25.

I accept all responsibility for my child while being transported by a volunteer of Boys 2 Men Bootcamp. I release Boys 2 Men Bootcamp, The Joseph Project and Choices for Life Pregnancy Center of all liability.

I realize there is a possibility that my child may suffer injury as a result of participation in camp athletic activities. I authorize **Boys 2 Men Bootcamp** or its representative to administer emergency medical treatment to my child. I understand that **Boys 2 Men Bootcamp** disclaims any financial responsibility for the costs of medical treatment associated with an injury while participating in camp athletic activities; this form must be completed, signed, and returned to the Camp Counselor.

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

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

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

If you have any questions, please call 410.507.2102 and ask for Sharon Finecey.

When your son arrives at Choices Pregnancy Center on Friday July 23 (no later than 3:00 pm) we will provide you with cell phone numbers of our Bootcamp leaders, in the event of an emergency.



**PERMISSION FOR PHOTOGRAPH OR VIDEO USE**

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_ (child's name), give permission to  
volunteer/staff representing Boys2Men bootcamp of Easton, MD to photograph  
or video myself or my child named above.

I further give permission for the photograph or video to be used for promotion of Boys2Men Bootcamp and fundraising, and for sharing the testimony of Christ to other boys for the sake of recruitment for the camp experience. Promotion of Boys2Men Bootcamp may include copying the photograph by computer, printing fliers or brochures. These items may be distributed to donors and others. The photograph or copy of the photograph may be used for presentations and displays regarding Choices Pregnancy Center.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

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



# PECOMETH CHALLENGE COURSE PROGRAM

136 Bookers Wharf Road, Centreville, MD 21617

410-556-6900 fax: 410-556-6901

www.pecometh.org

# PARTICIPANT FORM FOR YOUTH UNDER 18

## PART I: GROUP INFORMATION

Name of Your Organization (Business, School, Church, Group, etc.)	Name of Your Group Leader	Date of Challenge Course Program
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## PART II: MEDICAL INFORMATION

1. Does your child have any current or past medical conditions that could affect their ability to participate in challenge course activities?  Yes  No  
If yes, please identify and explain (use the back of form if necessary):

2. Is your child currently taking any medications?  Yes  No  
If yes, please identify the medication and the condition (use the back if necessary):

3. If your child has any of the following conditions, please check all that apply.  
 recent injury     infectious disease     diabetes     chronic or recurring illness  
 Asthma     allergies (medication, food, bee stings, etc.)     other:

If any of the above are checked, please provide additional information:

If you have any special needs or conditions that will help us to accommodate your experience, please explain below:

(if participant is over 250 lbs.) I understand that because my child's body weight exceeds 250 lbs., they are unable to participate in Giant Swing, Zipline, Power Pole or other high element events due to challenge course safety protocols.

## PART III: PARTICIPANT INFORMATION

Youth's Full Name (First, MI, Last)	Date of Birth / /	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Number, Street, Apartment, Suite)	City, State, Zip Code		
Home Phone	Cell Phone	Work Phone	

## PART IV: EMERGENCY CONTACT In case parent is not available in an emergency situation, please indicate an additional person to be notified.

Emergency Contact's Full Name	Relationship to Child		
Home Phone	Cell Phone	Work Phone	

## PART V: INSURANCE INFORMATION Is the student covered by family medical/hospital insurance? Yes No

Insurance Plan Name or Insurance Company	Group or Member Number
Name of Insured	Relationship to You

## PART VI: RELEASE OF LIABILITY & ACKNOWLEDGMENT OF RISK

- I understand that the challenge course program may be conducted outdoors or indoors and that it is designed to be challenging both physically and mentally.
- I recognize and acknowledge that although the program has been carefully designed with safety in mind and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated.
- In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided is accurate and complete.
- I agree to hold Pecometh and its independent and sub-contractors harmless if full disclosure of a pre-existing medical condition has not been provided.
- I release Pecometh, its independent and sub-contractors and The Peninsula-Delaware Conference of the United Methodist Church, its staff members, board of directors from all liability not directly related to the actions of the Pecometh Challenge Course Program staff members.
- I authorize photo / digital media release for marketing and training purposes.  Yes  No

<b>PRINT</b> →	Name of Parent/Guardian	Parent/Guardian Email Contact
	<b>SIGN HERE</b> →	Parent's Signature