



Dale Skinner's
BOYS2MEN BOOTCAMP 2024

"training boys to be men"

Sponsored by
Joseph Project for Men

For: Boys Ages 13 -17

Purpose: Spiritual Building, Team Building, and Leadership
Survival Skills, Football, Fishing, Campfires, Challenge Course

Gospel Message will be presented

Cost – Free to First (20) boys

Date: July 19-21 – Camp Pecometh

Josephprojectformen.com for more information

For More Information Call Choices office 410.822.3311

Mail application to 505 Dutchmans Lane, Suite B1 - Easton, MD 21601

Application
DALE SKINNER'S BOYS2MEN BOOTCAMP 2024



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.

2023 Bootcamp Date: July 19-21, 2024

Location: Camp Pecometh, Centreville, MD 21617

Application Deadline: July 7, 2024

Limited Space (20 boys) so apply early!

Candidate Confirmation: July 8, 2024

STEP 1: APPLICANT INFORMATION AND ESSAY QUESTIONS

APPLICANT INFORMATION

Applicant Name:

Address:

Phone:

City:

State:

Zip:

Email:

Birthdate:

T-shirt Size: S ___ M ___ L ___ XL ___ XXL ___

Current School Name:

School Address:

Current Grade Level:

City:

State:

Zip:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Address:

Cell Phone:

City:

State:

Zip:

Email:

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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 March 2024



BOYS2MEN Bootcamp Activity Waiver

I acknowledge that this event is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, and may participate in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the Boys2Men Bootcamp, the Joseph Project, and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at this event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Boys2Men Bootcamp, The Joseph Project,, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Print Name of Attendee:

Age:

Signature of Guardian

Date

Print Name of Guardian: _____ cell: _____



Insurance Information

Participants Name _____ Date of Birth _____

Address: _____

High School: _____

Emergency Contact:

1. Name: _____ relationship: _____

Emergency cell phone: _____

2. Name: _____ relationship: _____

Emergency cell phone: _____

Insurance Company Name: _____

Policy/ID Number: _____ Group # _____

Phone Number: _____

Physicians Name: _____ Phone Number: _____

List any health or problems which may be affected by participation in interscholastic athletic activities: _____

List any allergies: _____

List medications that are taken daily: _____

In Case of Emergency:

I do hereby give permission for my child to be transported by a volunteer of the Boys 2 Men Bootcamp Program to/from Camp Pecometh, Centreville, MD and delivered to the agreed destination.

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 interscholastic athletic activities. I authorize Boys 2 Men Bootcamp or its representative to Administer emergency medical treatment to my child. I understand that Boy 2 Men Bootcamp disclaims any financial responsibility for the costs of medical treatment associated with an injury while participating in interscholastic athletic activities; this form must be completed, signed and returned to a Boys 2 Men Bootcamp representative.

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Date Signed: _____

If a child has a condition that needs daily medication:

1. **We need medication and instructions in a plastic bag and given to camp counselor.**
2. **We will also need a doctor's note to say he is physically able to participate in camp activities.**
3. **We will have the cell phone number of the counselor your son will be assigned to when you drop him off at Camp Pecometh, Centreville, MD, Friday, July 19, 2024 at Noon.**
4. **Boys need to be picked up by 1:00 p.m. on Sunday, July 21, 2024**

If transportation assistance is needed, please call the office 410.822.3311

If you cannot reach your counselor please call Sharon Finecey 410.507.2102

Pecometh Medication Addendum

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Camper Name: _____

- Medication:** This participant will **not** take any daily medications while attending camp.
- This participant will take the following daily medication(s) while at camp.
(Physician’s signature required below)

Name of medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		

IMPORTANT NOTE FOR MEDICATIONS: By law, all prescription medications must be brought to camp in their original containers, with the doctor's instructions. DO NOT pre-dispense, place in daily pill holders, wrap in outer materials, or ask us to dispense by other than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.

A physician’s signature is required to allow Pecometh’s authorized staff to dispense the medications listed above.

Physician’s printed name and address: _____

Physician’s signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

By checking below, I consent that the camper named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the camper named above under the supervision of an authorized Pecometh staff member. This does NOT provide authorization for campers to self-carry medications. All medications, including emergency medications such as inhalers and epi-pens, must be securely stored by camp staff at all times.

Physician’s Authorization: YES NO Initials: _____

Parent/Guardian Consent: YES NO Initials: _____