



"It is easier to build strong boys than to repair broken men"

Greetings Parents/Guardians,

Thank you for allowing your child's participation in our 3rd annual Boys Day Camp organized by Mr. Luckey-Founder of JCJ Executive Protection.

As a program, we will teach the importance of Education, Leadership training, Nutrition and Exercise. Our main focus will be to Mentor these young boys in becoming active, stronger individuals in our communities and be guided by positive adult male mentors. ***Your support is the beginning to this journey.***

So, just a couple of things to get the camp running more smoothly, we ask that you assist in following a few guidelines:

- Please arrive on time.....Camp will begin at specified time, therefore, each child should arrive on time
- Each child must be fed a healthy breakfast before camp, we will provide lunch and snacks
- **No electronics, weapons of any kind, toys, etc.**
- **Each child must understand that RESPECT at ALL times MUST be followed**
- ***If your child has special needs, we ask that you speak with us in advance to assess if we can accommodate your child before moving forward. Our goal is to provide a pleasant experience for all campers***
- If there are any medications (e.g. for Allergies), please share that information with the founder beforehand or before you drop off your child

Monthly Dress Code

June

Fishing

- Shorts or lightweight pants and your camp t-shirt
- Cap, Sneakers and Socks

July

Water Sports

- Change of full clothing

August

Celebration

- Information to be announced

Again, we thank you for your support and if there is anything you would like to share or have concerns, please do not hesitate to contact us moving forward. ***This list is subject to change.***

Thank You
Mr. Luckey
720.366.9179



**APPLICATION
AND
WAIVER AND RELEASE OF LIABILITY**

Name of Child _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Parent's email** _____

Birth Date: _____ **School Grade:** _____ **T-Shirt Size** _____

List primary adults living at home

Adult Name: _____ **Relationship:** _____

Work number: _____ **Cell Number:** _____

Adult Name: _____ **Relationship:** _____

Work number: _____ **Cell number:** _____

Legal Guardian's email _____

Name of Child's School _____ **Grade in the fall** _____

Religious Affiliation (if any) _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of **The Boys Day Camp** is a privilege. Prior to my own/child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child when participating in the activities, whether such risks are known or unknown to me at this time. I further release **The Boys Day Camp** and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have **The Boys Day Camp** or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **The Boys Day Camp** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Special Events and Field Trips

I understand that the child named above, or I, will be participating in various activities at **The Boys Day Camp** and in the regional area during vacation school. I understand that during this period my child, or I, if I am an adult participant, may take part in activities such as: Discussion groups, music, games of skill and experience, drama, movies, outdoor/indoor sports, walking to outside events at other locales and establishments, and other activities consistent with the purposes of camp.

Photography

I authorize **The Boys Day Camp** to include myself/child in pictures for promotional purposes of events he/she is participating in. I understand that my child’s full name will not be published with the pictures he/she are in unless authorized by parent/guardian.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of fist aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **The Boys Day Camp** to seek and secure any needed medical attention or treatment for the child named above, or me, if I am a participant, including hospitalization, if in the agent’s opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment

Medical Conditions/Allergies/Special Needs and information (allergies, conditions, dietary needs, medications, behavioral issues, etc. to be aware of):

Date of last Physical _____ **Date of last Tetanus shot** _____

Emergency Contact

Name of additional person who you authorize to assume medical responsibility for your child in the event you can not be reached, and who are also authorized to pick up your child:

Name: _____ Relationship to child: _____
Home Phone: _____ Cell phone: _____

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with **The Boys Day Camp** h the contents thereof. I give permission for the child named above to participate in the activities of **The Boys Day Camp**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **The Boys Day Camp**, I hereby consent to the Permission / Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian Print Name of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Print Name of Parent or Legal Guardian Date

