

**The Boys of Summer**  
Medical and Liability Release and Information Sheet

Parent/Guardian name\_\_\_\_\_

Parent/Guardian name\_\_\_\_\_

Camper name\_\_\_\_\_Date of birth\_\_\_\_\_Age\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_Emergency Phone\_\_\_\_\_Email\_\_\_\_\_

**SPECIAL NEEDS**

Please list any special needed and/or medical information, i.e. allergies your child has that the camp staff should be aware of:

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**EMPERGENY CONTACT**

In case of emergency, I/we authorize treatment and/or care of the above name child at any hospital. If there is an emergency and I/we cannot be reached, please contact the person listed below who is authorized to act on my/our behalf

Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_

Relationship\_\_\_\_\_

Doctor's name\_\_\_\_\_Phone\_\_\_\_\_

Dentist's name\_\_\_\_\_Phone\_\_\_\_\_

I/we the parents of the above named child give my/our approval to participate in any and all camp activities. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities release the camp staff from an liability to such participation.

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

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

Please circle appropriate responses below:

Camp session(s) your son will be attending: June 21 July 19

Will your son have access to a bicycle for his session(s) of camp? YES NO

Will your son be able to bring a MacBook/laptop to camp? YES NO

Please attach a check for \$300 written out for "Jack Dubie" and mail to: Jack Dubie  
P.O. Box 14693  
Stanford, CA 94309