



Boys to Men New England's 2019 **Adventure Weekend**

A Weekend Training for Teenage Boys and Young Men

Ages 13-17

August 16-18, 2019

Friday 6pm – Sunday ~1pm

LOCATION: Camp Laurel Wood, 63 Buteau Rd, Spencer, MA 01562

Participant Application Package

DO NOT USE THIS APPLICATION IF YOU ARE STAFFING THE WEEKEND, USE THE STAFF APPLICATION PAGE.

About Boys to Men New England

The Boys to Men New England Mentoring Network offers a program for teenage boys and young men that is designed to support them to develop into men with commitment, integrity, and accountability.

We interview all applicants as part of the registration process, and we reserve the right to decline applicants we do not feel are ready for this work and refund any monies deposited. The weekend is designed to challenge participants physically and emotionally, and they will be encouraged to look at and share feelings that they may have never acknowledged before. We encourage you to ask any questions that you have about the program and our organization.

We run background checks on everyone over 18 who staff or attend our events.

Application Instructions

Contact the Executive Director with any questions or concerns

How to Apply

Please take the time to fully complete every page of the application portion of this package, especially the medical portion, even if there is little to say. We need you to check off the “No” and “None” and “N/A” in order to be certain the omission was not an error.

Keep a copy, especially of the medical portion. If you have a lot of medical information to transmit, it can save you a great deal of effort for the next Boys to Men event the participant attends if you already have it and can simply make a copy and make note of any changes.

You can send us the application in any of these ways:

- Fax it to 888-343-5434. This is a private fax and no cover page is needed.
- Email a scanned copy to registrar@btmne.net
- Mail to *Boys to Men New England, c/o Jeremy Richman, 3 Brattle Drive Apt. 4, Arlington MA 02474. Mailed applications may also contain checks.*

DO NOT SEND IN THESE FIRST FOUR LOGISTICS PAGES, ONLY THE APPLICATION ITSELF!!!!

Adventure Weekend Financials

The tuition is \$450 (US Funds). Payments plans and sliding scale are available for applicants who need them, minimum tuition \$225.

A non-refundable deposit of \$100.00 is due with the application package to reserve a spot.

The balance is requested by August 1st, but may be paid at the event itself.

Space is limited so we recommend you register as soon as possible.

Tuition is payable either by:

1. Paying by check: Make check payable to “BTMNE.” You may mail in your check separately or with your application to our Registrar (see above).
2. Paying through PayPal: https://boystomennewengland.nationbuilder.com/baw_payment.
3. Paying through email: finance@boystomennewengland.org

You may request a custom payment schedule that fits your budget, on the last page of this application.

Boys to Men New England Staff

Executive Director: Jeremy Richman, c: 781-789-9227, email: director@btmne.net

Logistics

The 2019 Adventure Weekend begins Friday afternoon, **August 16th**, and runs through early Sunday afternoon, **August 18th**, at Camp Laurel Wood, 63 Buteau Road, Spencer MA 01562. A letter with further details will be sent to each participant who is accepted into our program. There is a place on the application for you to indicate if you would like to carpool or if you can offer a ride to others. Boys to Men can't guarantee being able to get you a ride.

Housing

Sleeping will be in Cabins or tents on site, on cots/bunks. Please let us know if applicant has special needs.

Participants are expected to:

1. Commit to remaining for the duration of the adventure.
2. Participate in all processes to the extent that they are able to.
3. Hold confidential anything shared by others at the weekend.

What participants need to bring:

1. Toiletries, flashlight, and insect repellent (with DEET)
2. An old pair of running shoes
3. A sleeping bag and a pillow
4. A bathing suit and **1-2 towels** (for daily shower & for swimming)
5. **Prescription medicines in a clearly marked bag, and a health insurance card if available**

And, some things that participants should not bring:

1. Weapons of any type
2. Drugs of any form including nicotine and caffeine
3. Electronic devices of any type
4. Watches, clocks, and jewellery

Age of Participants

The Adventure Weekend is intended for boys and young men ages 13-25. If you have a boy younger than 13 who you want to enroll in the Adventure Weekend, please communicate directly with the Executive Director to request an exception.

Schedule

Friday, August 16 Participants at drop-off site between 5-6 pm (THEY MAY COME EARLY Friday after 9:30am or on Thursday from 6pm – 8pm with advance notice)

Sunday, August 18 1:00 PM adventure ends (approximate)

Meals Provided: Friday snacks, Saturday breakfast, lunch, dinner; Sunday breakfast. Food will be provided on Thursday/Friday for participants who arrive early.

Phoning the Site+

If you want to reach anyone during the event, you can call Jeremy Richman at 781-789-9227.

Agreements

- Recreational drugs and weapons of any type are prohibited.
- Speak in a manner that models respect, honesty and integrity. Avoid obscenities.
- Respect the site and buildings; vandalism will not be tolerated.

**THE PARTICIPANT APPLICATION FOR THE
BMNE ADVENTURE WEEKEND ON AUGUST 16,
2019 BEGINS ON THE NEXT PAGE. WHEN YOU
SEND OR FAX US YOUR APPLICATION, DO NOT
INCLUDE THIS PAGE OR ANY OF THE
PRECEDING PAGES. IF YOU ARE FAXING US
YOUR APPLICATION, IT IS NOT NECESSARY TO
INCLUDE A COVER PAGE AS WE HAVE A
PRIVATE FAX LINE.**

**PLEASE ONLY USE BLACK OR BLUE INK, OR A
PENCIL, FOR THIS APPLICATION. PLEASE TAKE
SPECIAL CARE SO THAT PHONE NUMBERS AND
EMAIL ADDRESSES ARE EASY TO READ.**

PARTICIPANT APPLICATION

CARPOOLING: ___ I'm all set ___ I Want a Ride ___ I can drive the number indicated: ___

Personal Information

Applicant's Information:

Name _____ Birth Date _____
Month Day Year

Address _____

Parent/Guardian's Information if applicant is under 18 as of August 14,2019

Name _____ Will attend as staff/mentor (Y/N)? _____

Email _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contact Information if unable to reach Parent/Guardian

Contact Person _____ Relationship _____

Address _____

Cell Phone _____ Home Phone _____ Work Phone _____

Medical Contact Information:

Physician _____ Phone _____

Does applicant have health insurance coverage? Yes ___ No ___

Insurance Company _____

Policy # _____ Phone _____

Address _____

Applicant's Sweat Suit Size (check one):

<input type="radio"/> Men's Small	<input type="radio"/> Men's Large
<input type="radio"/> Men's Medium	<input type="radio"/> Men's Extra Large
<input type="radio"/> Men's Extra-Extra Large	

Confidential Medical Record

BTMNE programs include challenging experiences that may involve strong emotional and physical release. This training may not be appropriate for applicants with major medical or emotional problems. In order to acquaint our staff with applicant's medical needs, we require that you complete this Confidential Medical Record. If there is any doubt about whether applicant should participate, discuss your concerns with us or with applicant's physician or therapist. We will keep this information strictly confidential, except that we reserve the right to share it with emergency medical personnel as needed. Please complete every item in every section.

If you are mailing this form to us, please keep a photocopy

Does applicant have, or has applicant had, any of the following conditions or symptoms?
Please specify **Yes** or **No** for each condition.

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1.Vision Impairment	<input type="radio"/>	<input type="radio"/>	19.Difficulty Urinating	<input type="radio"/>	<input type="radio"/>	38.Learning Disability	<input type="radio"/>	<input type="radio"/>
2.Hearing Impairment	<input type="radio"/>	<input type="radio"/>	20.Kidney Problems	<input type="radio"/>	<input type="radio"/>	39.Frequent Dizziness	<input type="radio"/>	<input type="radio"/>
3.High Blood Pressure	<input type="radio"/>	<input type="radio"/>	21.Obesity	<input type="radio"/>	<input type="radio"/>	40.Frequent Fainting	<input type="radio"/>	<input type="radio"/>
4.Heart Disease	<input type="radio"/>	<input type="radio"/>	22.Arthritis	<input type="radio"/>	<input type="radio"/>	41.Diabetes	<input type="radio"/>	<input type="radio"/>
5.Heart Murmur	<input type="radio"/>	<input type="radio"/>	23.Broken Bones	<input type="radio"/>	<input type="radio"/>	42.Hypoglycemia	<input type="radio"/>	<input type="radio"/>
6.Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	24.Neck or Back Problems	<input type="radio"/>	<input type="radio"/>	43.Eating Disorders	<input type="radio"/>	<input type="radio"/>
7.Irregular Heartbeat	<input type="radio"/>	<input type="radio"/>	25.Joint Problems	<input type="radio"/>	<input type="radio"/>	44.Thyroid Problems	<input type="radio"/>	<input type="radio"/>
8.Family history of heart attack	<input type="radio"/>	<input type="radio"/>	26.Muscle Cramps	<input type="radio"/>	<input type="radio"/>	45.Endocrine or Gland Problems	<input type="radio"/>	<input type="radio"/>
9.Circulation Problems	<input type="radio"/>	<input type="radio"/>	27.Tuberculosis	<input type="radio"/>	<input type="radio"/>	46.Unexplained weight loss	<input type="radio"/>	<input type="radio"/>
10.Chest Pain/Pressure	<input type="radio"/>	<input type="radio"/>	28.Exposure to TB	<input type="radio"/>	<input type="radio"/>	47.Bleeding Disorder	<input type="radio"/>	<input type="radio"/>
11.Heart Palpitations	<input type="radio"/>	<input type="radio"/>	29.Recurrent lung infections	<input type="radio"/>	<input type="radio"/>	48.Blood disorder or anemia	<input type="radio"/>	<input type="radio"/>
12.Shortness of Breath	<input type="radio"/>	<input type="radio"/>	30.Active Hepatitis	<input type="radio"/>	<input type="radio"/>	49.Sickle cell disease or trait	<input type="radio"/>	<input type="radio"/>
13.Chronic cough	<input type="radio"/>	<input type="radio"/>	31.History of Hepatitis B or C	<input type="radio"/>	<input type="radio"/>	50.Cancer	<input type="radio"/>	<input type="radio"/>
14.Asthma	<input type="radio"/>	<input type="radio"/>	32.HIV Positive or AIDS	<input type="radio"/>	<input type="radio"/>	51.Skin Problems	<input type="radio"/>	<input type="radio"/>
15.Ulcers	<input type="radio"/>	<input type="radio"/>	33.Unexplained Sweating	<input type="radio"/>	<input type="radio"/>	52.Special Dietary Needs	<input type="radio"/>	<input type="radio"/>
16.Intestinal Problems	<input type="radio"/>	<input type="radio"/>	34.Seizure Disorder	<input type="radio"/>	<input type="radio"/>	53.Medical Equipment/Devices	<input type="radio"/>	<input type="radio"/>
17.Heartburn	<input type="radio"/>	<input type="radio"/>	35.Seizure within past year	<input type="radio"/>	<input type="radio"/>	54.Special Physical Requirements	<input type="radio"/>	<input type="radio"/>
18.Bladder Infections	<input type="radio"/>	<input type="radio"/>	36.Headaches	<input type="radio"/>	<input type="radio"/>	55.Psychiatric/Emotional Problems	<input type="radio"/>	<input type="radio"/>
			37.Significant Head Injury	<input type="radio"/>	<input type="radio"/>	56.Other (specify on page 4)	<input type="radio"/>	<input type="radio"/>

Height _____ Weight _____ Has applicant ever been hospitalized? **YES** **NO**

If you have answered "yes" to any of the above items including hospitalization, please explain on page 4.

SPECIAL DIETARY NEEDS: _____

Medications

If you have your own computerized list of medical information, including medications and allergies, you may print it and include it on a separate sheet, rather than fill out the next two tables.

Check here if list of medicines and allergies are listed on a separate typed sheet.

Is applicant taking **any** medications (prescription or nonprescription)? **YES** **NO** (**Check one**)

If yes, please list below.

Medication	How much/how often	For	Current Side Effects

Medical Allergies

Does applicant have any allergies? YES NO (Please check one) If yes, please list below.

Medication	Reaction

Psychosocial History

Has applicant been in any form of counseling/treatment within the past two years? Yes No

Is applicant currently in counseling/treatment? Yes No If yes, please describe briefly on next page.

Reason for counseling (check all appropriate responses): Academic Family Issues Depression Divorce

Substance Abuse Career Suicide Other _____

Primary counselor _____ Phone _____

Address _____

When was the last time applicant used alcohol, tobacco or non-prescription drugs?

Alcohol _____ Tobacco _____

Non-prescription Drug _____

In the event of a medical emergency, how would you like us to proceed?

Please make sure that you have answered every question in this medical record portion of the application. Any questions left blank will require us to phone you to get the information.

Check here if NEXT page intentionally omitted because it would be blank.

Detailed Responses

If you are faxing this application and this page has nothing to explain, please make sure to check the box on the **bottom of the previous page**, and then you may omit this page from your fax. If you are sending the form by mail, you may use either the checkbox on this page or the previous page.

If you answered yes to any of the questions on Page 2 or 3, explain below. Include the following:

- What specific symptoms are occurring
- How often symptoms/conditions occur
- How long symptoms/conditions last
- How you care for symptoms/conditions
- How symptoms/conditions restrict activity
- Date of last occurrence

Check here if this page intentionally left blank (no details to explain).

Number	Detailed Response

Please make sure that you have answered every question in this medical record portion of the application. Any questions left blank will require us to phone you to get the information.

PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: August 16-18, 2019

In consideration of the services of Boys to Men New England, including all of its officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for it or on its behalf (hereinafter collectively referred to as ("BTMNE")), and the right to engage in this Adventure Weekend ("Training"), as a parent or guardian of a participant, I hereby freely and voluntarily agree to release, indemnify, and hold BTMNE harmless on behalf of myself, the participant, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. ACCURACY OF INFORMATION AND PERMISSION TO RELEASE

The personal information provided is accurate, and the medical information provided is a complete and accurate statement of the physical and psychological factors that may affect the applicant's in Boys to Men programs. I realize that failure to disclose such information could result in serious harm to applicant and to staff and fellow participants.

I agree to notify BTMNE should there be any changes in applicant's health status. I authorize BTMNE to release this information to medical personnel on BTMNE staff and additional medical personnel in case of emergency. I also authorize BTMNE to contact applicant's physician or therapist to clarify any questions about applicant's physical and/or emotional status. I understand that BTMNE reserves the right to refuse participation to anyone for medical reasons.

II. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I acknowledge that BTMNE has responded to all the questions I asked about the program to my satisfaction. I understand that the Training is a personal growth and development course and involves known and unanticipated risks which could result in physical or emotional injury, paralysis, death, illness, or damage to applicant, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. These risks include, among other things:

A. The nature of the Training itself which involves:

1. Strenuous and vigorous, physical, mental, emotional, and intellectual activity such as outdoor and indoor games during day or night, role playing (e.g. enactments of past events, feelings or parts of psyche or personality) and exercises and processes which may include or result in physical, mental or emotional stress, distress and fatigue (e.g. Facing and overcoming physical, emotional or mental obstacles to the achievement of goals);

2. The potential for death; for injury to skeletal-neuro-muscular system (such as strains, fractures, ruptures, bruises, loss of limb or loss of use of limb, paraplegia and quadriplegia), to internal organs, to cardiovascular system (such as elevated blood pressure, elevated pulse, heart attack, aneurysm, hemorrhage or stroke), to eyes or ears (loss of sight or hearing), to body (such as scrapes, scratches, punctures, lacerations) and to mental health (such as depression or traumatization relating to past psychological history); and

3. The potential for change with respect to such matters as: education, career, job or business; relationships with family, friends, women, fellow youth, co-workers, and behavior in social, personal or school and business settings.

B. The acts or omissions of BTMNE who may, among other things, be ignorant of any participant's fitness or abilities; misjudge the weather, the elements, or the terrain; or give inadequate instructions, warnings or advice.

C. Latent or apparent defects or conditions in the equipment or property supplied by BTMNE or other persons or entities as well as the use or operation of such equipment.

D. Acts of other participants in this training or other persons.

III. PARTICIPANT UNDERTAKINGS

1. I and my representatives expressly acknowledge and agree and promise to accept, all of the risks existing in this training, including those risks listed above as well as those risks not specifically listed above.
2. I and my representatives understand, acknowledge and represent that applicant's participation in this Training and in every separate part thereof is purely voluntary and applicant elects to participate in spite of and with full knowledge of all the risks. **I acknowledge my understanding that at all times applicant will be free to choose to leave the training or to not engage in any part or all of the Training.**
3. I and my representatives hereby authorize BTMNE to take any and all reasonable steps on applicant's behalf in the case of any physical or other injury, illness or condition suffered during the Training. BTMNE is hereby authorized to apply emergency first aid, engage physicians of any kind, nursing services, ambulance services, paramedic services, or any other service or personnel that in the sole discretion and judgment if BTMNE may be deemed reasonable and necessary for applicant's immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge BTMNE and agree to indemnify and hold BTMNE harmless with respect to any and all liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with, applicant's participation in this Training, use of BTMNE equipment or facilities, or the provision by BTM of emergency services, including but not limited to claims alleging negligent acts or omissions or medical malpractice.
5. I agree and promise to indemnify and hold BTMNE harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by BTMNE in connection with claims for personal injury or property damage to staff, other participants, volunteers, spectators or other third parties which arise out of, or are in any way connected with, applicant's participation in this Training.
6. In signing this document I fully recognize and acknowledge that if anyone (including participant) is hurt or property is damaged, lost, or destroyed, as a result of their participation in this Training, I may be found by a court of law to have given up any right I might have to make a claim or file a lawsuit against BTMNE.
7. Should BTM or anyone acting on their behalf be required to incur attorney fees and costs in connection with any effort to enforce this agreement as a result of applicant's participation in this Training, I agree and promise to indemnify and hold them harmless against all such fees and costs.
8. I certify that applicant has sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage applicant may suffer or cause while participating in this Training. If applicant has no such insurance I agree to bear all the costs of any and all such expenses and liability.
9. I certify that I have completed the confidential medical questionnaire form required by BTMNE; that I have disclosed each and every physical, emotional or mental condition for which applicant has received treatment or is currently receiving treatment; that the information I have provided pertaining to applicant's physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of BTMNE. I further certify that applicant has no medical condition which could interfere with applicant's safety in the training and agree to assume and bear the costs of all risks, liability, claims, demands, or causes of action and damages which arise out of, or are in any way connected with any medical condition applicant has whether or not I have previously disclosed that condition to BTMNE.
10. I have had sufficient opportunity to read and understand this entire document. I have read and understood it. I agree to be bound by all of its terms.

IV. VIDEO & PHOTOGRAPH CONSENT DISCLAIMER

1. I understand that BTMNE may photograph and videotape parts of the Training.
2. I agree and give my permission to applicant being interviewed, recorded and photographed by BTMNE or any person they mandate to that effect.
3. I agree that BTMNE may or may not use applicant's name, image and likeness in any verbal presentation, conference, interview and written publication.

4. I grant to BTMNE and recognize that BTMNE shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to BTMNE any and all rights in relation to the materials. I understand and agree to that BTMNE may assign or transfer, in whole or in part, these rights to any party inside the Boys to Men extended organization, but not to any party outside the extended organization.

YOU BOTH HAVE TO SIGN BELOW IF APPLICANT IS UNDER 18!!!

FOR APPLICANT (Required):

I have read the entirety of this application including the **Participation Agreement and Acknowledgement of Risks** section, parts I-IV, on pages 5-7. I hereby agree to each and all of its clauses. I also acknowledge that the medical record is accurate to the best of my knowledge.

Signature of Applicant: _____

Print Name: _____ Date: _____

FOR PARENT/GUARDIAN OF BOYS UNDER 18:

I have read the entire **Participation Agreement and Acknowledgement of Risks** section of this application, parts I - IV, on pages 5-7, and hereby agree to each and all of its clauses. If I fax or otherwise submit this application and do not include pages 5-6, it is by intention not omission, and I acknowledge having read them..

I, as _____ Parent or _____ Guardian, declare and affirm that I have custodial rights with regard to the applicant.

Signature: _____

Print Name: _____ Date: _____

PAYMENT:

Payment by: Check # _____ Paypal Email to finance@boystomennewengland.org

I want to request a custom payment schedule, with an initial payment of \$ _____ and future payments as follows:
(Note: we require post-dated checks at the Adventure Weekend for all future payments.)

