



Boys to Men New England

Reclaiming Your Teenage Fire

A Weekend of Healing for Men

May 15-17, 2015

Application Package

*"As adolescence ends – if there is no effective initiation or mentorship – a sad thing happens. The fire of thinking, the flaring up of creativity, the bonfires of tenderness, all begin to go out."
- Robert Bly*

WELCOME

About Boys to Men New England

Boys to Men New England offers programs for teenage boys that are designed to help them develop into men with commitment, integrity, and accountability. We also believe that adult men have left their teenage years with some of their native fires banked and natural powers smothered. The Reclaiming Your Teenage Fire (RTF) weekend re-connects you with your teenage years and allows you to reclaim that part of you that you had to set aside in order to survive those years.

Boys to Men New England Staff

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

Event Coordinator: Jeff Kidman, c: 781-640-5107, email: eventCoordinator@btmne.net

Registrar: Holly Beyar, c: 845-489-2432, email: registrar@btmne.net

How to Apply

The actual application to attend the RTF starts on the **fifth page** of this package, where the actual application begins, and numbered page 1. Please fill out the application in its entirety, and return it to us either by: fax (888-343-5434); email a scanned copy to registrar@btmne.net; or mail to *Holly Beyar, Boys to Men New England, 23 Ridgeview Road, Hopewell Junction NY 12533*. If you mail your application, you may include your check made out to BTMNE in the envelope. in Please take the time to fully complete every page, especially the medical portion. We need you to check off the “No” and ”None” and “N/A” in order to be certain the omission was not an error. **Do not include the first four pages of this package when you send it, only the fifth page and those following.**

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

To protect our boys, some of whom will be at this event as JMen staff, we will run a criminal background check on anyone over 18.

Financials

Tuition is \$195 for participants, \$60 for Staff over 21, \$20 for ages 18-21, due by March 28th, payable either by:

1. Paying by check: Make check payable to “BTMNE.” You may mail in your check with your application to our Registrar (see above). If mailing check separately, mail to :
Holly Beyar, Boys to Men New England, 23 Ridgeview Road, Hopewell Junction NY 12533.
2. Paying through PayPal: Visit http://www.btmne.org/rtf_payment.html.
3. Paying through email: finance@boystomennewengland.org

Logistics

The 2015 BTMNE RTF begins Friday evening **May 15**, at 8:00pm sharp, and concludes late Sunday May 17 at approximately noon. The event takes place at Camp Mattatuck, 221 Mt Tobe Road, Plymouth CT 06786 (see driving directions further below.)

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 New England can't guarantee to arrange a carpool for you.

Housing

Sleeping will be in cabins on site, or tents for JMen. Please tell us if you have specific needs.

Pack the following:

- **It is absolutely necessary for you to bring a photograph of yourself as a teen. If you cannot find one, bring a surrogate that can embody the teen you, even if from a magazine (staff and participants)!**
- Sleeping bag, pillow, and a shower towel(s)
- Camp gear: insect repellent, sun screen, flashlight...
- Toiletries: toothpaste, toothbrush...
- Consider the weather and bring appropriate clothing, as the cabins are unheated.
- Drums, drums, drums, and any other instruments you wish to bring
- Anything you *might* want to use in the talent show Saturday night.

Schedule

Friday, May 2	Staff is to arrive by 6:00pm
Friday, May 2	Participants should arrive between 6:00pm – 7:30pm.
Friday, May 2	8:00 PM RTF begins
Sunday, May 4	12:00 PM RTF concludes
Meals Provided:	Saturday breakfast, lunch, dinner; Sunday breakfast

Phoning the Site+

You can call the site, and others can reach you during the weekend, by calling Event Coordinator Jeff Kidman at 781-640-5107 or the site at 860-283-9577; Alternate contact on the weekend is Jeremy Richman 781-789-9227.

Agreements

- Recreational drugs and weapons are prohibited.
- Speak in a manner that models respect, honesty and integrity. Avoid obscenities.

Directions

Camp Mattatuck is on Route 262 at 221 Mt. Tobe Road in Plymouth CT, 06786.

- From I-84 East or West: Take Exit 20 (Route 8 North). Take Exit 39 off Route 8 (Route 6 East). At the bottom of the ramp, turn right. Follow till the 1st traffic light/top of the hill, turn right on Route 262, Camp Mattatuck is 3 miles on the left past the Waterbury Airport and just before Gentile's Campsites.
- From Route 8 South: Take Exit 39 off Route 8 (Route 6 East). At the bottom of the ramp, turn left. Follow directions above to Camp Mattatuck.
- From Route 8 North: Follow directions above off of I-84.
- From Route 6 East or West: Follow Route 6 to the center of Plymouth. Turn onto Route 262. Follow directions above to Camp Mattatuck.

Reclaiming Your Teenage Fire Application

Application Type (check one): Participant
 Adult Staff NewMan(18-21) JourneyMan
 Production (production applies to kitchen, materials and site teams)

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 _____

If applicant was born before May 15, 1997 i.e. 18 or older (otherwise leave blank):

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____

Soc. Sec. # _____ - _____ - _____ (if you are new to Boys to Men or just turned 18)

Emergency Contact: _____ Relation: _____

Cell Phone _____ Home Phone _____ Work Phone _____

If application was born on or after May 15, 1997, i.e. less than 18 years old (otherwise leave blank):

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

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____

Address _____

Special Food Preferences: No preferences Vegetarian Option I will bring my own food

Additional comments your dietary requirements or concerns: _____

Medical Information

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. 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.

Medical Allergies

Does applicant have any allergies you wish us to know about? YES NO If yes, please list below.

Medication	Reaction

(For staff under 18, parent/guardian to answer): In the event of a medical emergency, how would you like us to proceed?

Medical Conditions

Does applicant have any medical conditions you wish us to know about? YES NO Please list below.

Number	Detailed Response

PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: May 15-17, 2015

In consideration of the services of Boys to Men Mentoring Network, 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 for the applicant to engage in this BTMNE Reclaiming Your Teenage Fire ("Training"), I hereby freely and voluntarily agree to release, indemnify, and hold BTM harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

I. ACCURACY OF INFORMATION AND CONSENT TO RELEASE

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 Boys to Men New England (BTM-NE) should there be any changes in applicant's health status. I authorize BTM-NE to release this information to medical personnel on BTM-NE staff and additional medical personnel in case of emergency. I also authorize BTM-NE to contact applicant's physician or therapist to clarify any questions about applicant's health. I understand that BTM-NE reserves the right to refuse participation to anyone for medical reasons.

II. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I acknowledge that Boys to Men New England has responded to all the questions I asked about the program to my satisfaction. I understand that the Reclaiming Your Teenage Fire weekend ("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 BTM 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 BTM 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 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 BTM 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. BTM 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 BTM may be deemed reasonable and necessary for applicant's immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge BTM and agree to indemnify and hold BTM 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 BTM 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 BTM harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by BTM 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 applicant) is hurt or property is damaged, lost, or destroyed, as a result of my 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 BTM.
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 BTM; 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 BTM. 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 BTM.
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. CRIMINAL BACKGROUND CHECK

In order to protect the JourneyMen who are staffing this event, we will conduct criminal background checks on all adult participants and staff. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written consent to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the criminal background check. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act. In signing below you are giving your written consent for us to perform this criminal background check. THIS ONLY APPLIES TO APPLICANTS OVER THE AGE OF 18.

V. VIDEO & PHOTOGRAPH CONSENT DISCLAIMER

- 1. I understand that BTMNE may photograph and videotape parts of the Training.
- 2. I agree and give my consent 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.

Please note: for applicants under 18, parents/guardians must sign section A and the applicant must sign in section B!

SECTION A: FOR APPLICANTS OVER 18, AND FOR PARENTS/GUARDIANS OF APPLICANTS UNDER 18:

I have read the entire **Participation Agreement and Acknowledgement of Risks** section of this application, parts I - V, and hereby agree to each and all of its clauses.

Note: For applicants under 18, signature must be of parent or guardian. I, as Parent _____ or Guardian _____ (check one if applicable), in signing declare and affirm that I have custodial rights with regard to the applicant.

Signature: _____
(signature of applicants over 18 or of parent/guardian of applicants under 18)

Print Name: _____ Date: _____

SECTION B: FOR APPLICANTS UNDER 18:

I am a Journeyman under the age of 18 who is applying to staff this Training. I have read the entirety of this application including the **Participation Agreement and Acknowledgement of Risks** section of this application, parts I-V. I hereby agree to each and all of its clauses (except for the Criminal Background Check clause). I also acknowledge that the medical record is accurate to the best of my knowledge.

(YOUR PARENT/GUARDIAN MUST ALSO SIGN IN THE SECTION ABOVE!!!!!!)

Signature of JourneyMan _____

Print Name: _____ Date: _____