



Mentoring to Manhood New England
Reclaiming Your Teenage Fire

A Weekend of Healing for Men

April 24-26, 2020

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 Mentoring to Manhood New England

Mentoring to Manhood 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.

Mentoring to Manhood New England Staff

Executive Director: Jeremy Richman, c: 781-789-9227, email: Jeremy@mtmne.org

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@mtmne.org; or mail to *Mentoring to Manhood New England, c/o Jeremy Richman, 3 Brattle Drive Apt. 4, Arlington MA 02474*. If you mail your application, you may include your check made out to Mentoring to Manhood New England in the envelope. 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.**

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 \$325 for participants, \$85 for Staff over 21, \$25 for ages 18-21, due by April 17, payable either by:

1. Paying by check: Make check payable to “MTMNE.” You may mail in your check with your application to our Registrar (see above). If mailing check separately, mail to :

Mentoring to Manhood New England, c/o Jeremy Richman, 3 Brattle Drive Apt. 4, Arlington MA 02474

2. Paying through PayPal: Visit https://www.mentoringtomanhoodnewengland.org/rtf_payment
3. Paying through email: finance@boystomennewengland.org

Logistics

Participants should arrive between 8:00am to 9:00am on Saturday morning, April 25, having already eaten breakfast. Staff should arrive the night before, Friday April 24, by 7:30pm, having already eaten dinner.

The event takes place at Camp Laurel Wood, 63 Buteau Road, Spencer MA 01562.

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. Mentoring to Manhood New England can't guarantee to arrange a carpool for you but we will try.

Housing

Sleeping will likely be cots under enclosed tents, or possibly mattresses in a larger area. **Bring your own sleeping bag and pillow or preferred bedding.**

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 teenage 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 there may be outdoor activities.
- Drums, drums, drums, and any other instruments you wish to bring

Schedule

Friday, April 24	Staff is to arrive by 7:30pm
Saturday, April 25	Participants should arrive between 8:00am and 9:00am, having eaten breakfast
Saturday, April 25	9:30 AM RTF begins
Sunday, April 26	12:00 PM RTF concludes (possibly by 11:30 AM)
Meals Provided:	Saturday breakfast (staff only) Saturday lunch, dinner Sunday breakfast

Phoning the Site+

The 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.

REMINDER DO NOT INCLUDE THIS OR ANY OF THE PRECEDING PAGES WHEN YOU EMAIL, FAX or MAIL THIS TO US. ONLY INCLUDE THE PAGES FOLLOWING THIS ONE.

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 April 24, 2002 i.e. 18 or older at the event (otherwise leave blank):

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____

Emergency Contact: _____ Relation: _____

Cell Phone _____ Home Phone _____ Work Phone _____

If application was born on or after April 24, 2002, 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

MTMNE 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:

Number	Detailed Response

PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: April 24-26, 2020

In consideration of the services of Mentoring to Manhood 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 ("MTMNE") and the right for the applicant to engage in this MTMNE Reclaiming Your Teenage Fire ("Training"), I hereby freely and voluntarily agree to release, indemnify, and hold MTMNE 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 MTMNE 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 Mentoring to Manhood New England (MTMNE) should there be any changes in applicant's health status. I authorize MTMNE to release this information to medical personnel on MTMNE staff and additional medical personnel in case of emergency. I also authorize MTMNE to contact applicant's physician or therapist to clarify any questions about applicant's health. I understand that MTMNE reserves the right to refuse participation to anyone for medical reasons.

II. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS

I acknowledge that Mentoring to Manhood 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 MTMNE 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 MTMNE 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 MTMNE 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. MTMNE 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 MTMNE may be deemed reasonable and necessary for applicant's immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge MTMNE and agree to indemnify and hold MTMNE 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 MTMNE equipment or facilities, or the provision by MTMNE 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 MTMNE harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by MTMNE 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 MTMNE.
7. Should MTMNE 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 MTMNE; 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 MTMNE. 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 MTMNE.
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 minors (under 18) 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 will be sent a link to an online authorization platform which will further explain your rights and grant you access to the results of the background check.

V. VIDEO & PHOTOGRAPH CONSENT DISCLAIMER

- 1. I understand that MTMNE may photograph and videotape parts of the Training.
- 2. I agree and give my consent to applicant being interviewed, recorded and photographed by MTMNE or any person they mandate to that effect.
- 3. I agree that MTMNE may or may not use applicant's name, image and likeness in any verbal presentation, conference, interview and written publication.
- 4. I grant to MTMNE and recognize that MTMNE shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to MTMNE any and all rights in relation to the materials. I understand and agree to that MTMNE may assign or transfer, in whole or in part, these rights to any party inside the MTMNE 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: _____