

# registration



## reclaiming your teenage fire

an intensive weekend discovery workshop

**September 12<sup>th</sup> - 13<sup>th</sup>, 2009**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Payment Information:** Total \$225.00

**Form of Payment:** (Please Circle)

**Check**

**Money Order**

**Credit Card**

For your security and convenience,  
please call with any credit card payments  
828-242-5597 or 828-719-6476

\_\_\_\_\_  
Signature of Registrant

### Items to bring:

- Teenage Picture of yourself
- Flashlight
- Sleeping Bag
- Towel & Toiletries
- Warm Clothes

### Food Will Be Provided

### Location:

Camp Arrowhead in  
Zirconia, North Carolina

<http://www.camparrowhead.org>  
for directions

**Mail completed forms along with  
check or money order for \$225 to:**

**Journeymen**  
**20 Battery Park Avenue**  
**Suite 501**  
**Asheville, NC 28801**

**Make checks payable to:**  
**Journeymen**

## **RTF AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS**

Training Dates: May 1 - 3, 2009

Staffer's Name: \_\_\_\_\_

In consideration of the services of Journeymen, including all of their officers, directors, staff, leaders, co-leaders, volunteers, affiliates and all persons and entities acting for them or on their behalf (hereinafter collectively referred to as "Journeymen") and the right to engage in this RTF mentor training as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold Journeymen harmless on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

### **I. DISCLOSURE AND ACKNOWLEDGMENT OF RISKS**

I understand that the RTF 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 myself, 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 staffing 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 retraumatization 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, youth, co-workers, and behavior in social, personal or school and business settings.

**B.** The acts or omissions of Journeymen 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 Journeymen 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.

### **II. STAFFER 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 my participation in this RTF and in

every separate part thereof is purely voluntary and I elect to participate in spite of and with full knowledge of all the risks. I acknowledge that at all times I will be free to choose to leave the training or to not engage in any part or all of the Staffing.

3. I and my representatives hereby authorize Journeymen to take any and all reasonable steps on my behalf in the case of any physical or other injury, illness or condition I might suffer during the RTF. Journeymen 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 Journeymen may be deemed reasonable and necessary for my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge Journeymen and agree to indemnify and hold Journeymen 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, my participation in this Staffing, my use of Journeymen equipment or facilities, or the provision by Journeymen 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 Journeymen harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by Journeymen 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, my participation in this RTF.
6. In signing this document I fully recognize and acknowledge that if anyone (including myself) is hurt or property is damaged, lost, or destroyed, as a result of my participation in this RTF, 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 Journeymen.
7. Should Journeymen 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 my participation in this RTF, I agree and promise to indemnify and hold them harmless against all such fees and costs.
8. I certify that I have sufficient health, accident and liability insurance to cover costs and expenses of any injury or damage I may suffer or cause while participating in this RTF. If I have 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 Journeymen; that I have disclosed each and every physical, emotional or mental condition for which I have received treatment or am currently receiving treatment; that the information I have provided pertaining to my physical, emotional or mental condition is complete and true; and that I have complied with the medical requirements of Journeymen. I further certify that I have no medical condition which could interfere with my 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 I have whether or not I have previously disclosed that condition to Journeymen.
10. I have 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.

Print Name and Signature of Participant:

\_\_\_\_\_ Date: \_\_\_\_\_

## CONFIDENTIAL MEDICAL QUESTIONNAIRE

In order to acquaint our staff with your medical needs, we require that you complete this Confidential Medical Record. If you become ill or are injured on the weekend we may share this information with medical personnel. Otherwise, all information will be kept strictly confidential. Please complete every item in every section. Mark N/A if any section is not applicable. If you are mailing this form to us, please keep a photocopy.

### General Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

1. Do you have any medical or physical conditions that would affect your participation in the Rites of Passage Adventure Weekend (RPAW)?

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2. Do you need any medication during the weekend? If so, please insure that our on-site medical personnel have a list of medications you will have on Thursday.

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3. Do you have any emotional or psychological concerns that need to be addressed?

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4. In case of medical emergency please list specific instructions:

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**Medical History:**

Do you have, or have ever had, any of the following conditions or symptoms?  
Please specify Yes or No for each condition.

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

If you have answered “yes” to any of the above items, please explain in the Detailed Responses section at the bottom of this form.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Have you ever been hospitalized?  Yes  No

**Medications:**

Are you taking any medications (prescription or nonprescription)? Yes  No

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**Medical Allergies**

Do you have any allergies? Yes  No

**Detailed Responses:**

If you answered yes to any of the questions on Pages 1 and 2, explain on a separate sheet.

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 your activity
- Date of last occurrence

**Psychosocial History:**

Are you adopted? Yes  No

IF YES, then was this an OPEN or CLOSED adoption? (Circle one)

Have you seen a psychiatrist, psychologist, or other counselor within the past two years? Yes  No

Are you currently in counseling/treatment? Yes  No

If yes, please describe briefly on a separate sheet.

Reason for counseling (circle all appropriate responses):

- Academic  Family Issues  Depression  Substance Abuse  Suicide  Adoption  Other

Primary counselor \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever used alcohol, tobacco or non-prescription drugs? Yes  No

If yes, please describe:

\_\_\_\_\_

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

Alcohol \_\_\_\_\_

Tobacco \_\_\_\_\_

Non-prescription Drugs \_\_\_\_\_

Do you feel or suspect that you may have a substance abuse problem? Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

## Signature Required

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in the RTF. I realize that failure to disclose such information could result in serious harm to myself and to fellow participants.

I agree to notify Journeymen should there be any changes in my health status. I authorize Journeymen to release this information to medical personnel in an emergency. I also authorize Journeymen to contact my physician or therapist to clarify any questions about my health. I understand that Journeymen reserves the right to refuse participation to anyone for medical reasons.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Background Check Process Letter**

Journeyman Asheville, has arranged for the firm of SearchLink, LLC to do all of our background check processes, for both US and Canada, on all men who plan to participate in the RTF, including core staff, mentors, men of service, and anyone else. ANY man that has not completed both background checks will NOT be permitted to participate in the program on any level. Here is how it works:

Fill out the Investigation Release and Consent Form to perform the search. Please read, print out and sign this form, providing the information requested. Most searches take 72 hours or longer to complete. You will receive a copy of your search results by e-mail or U.S. mail as per your request circled on the bottom of the Consent/Release Form.

Contact us @ (828) 242-5597

Mailing Address:

Journeyman Asheville  
20 Battery Park Avenue  
Suite 501  
Asheville, NC 28801

Fax to:

(828) 252-4049

### **State and National Background Search Process**

SearchLink, LLC puts your information into the system to verify it. This process yields the addresses at which you have lived during the last ten years. If you have only lived in one state during that time, the search ends there. If you have other addresses, those states, counties, or localities will be contacted to find out if you have any felony convictions through the courts there. A copy of your results are sent to you via email. This information is private and will not be shared for any reason.

This is a boiler-plate legalese that allows the investigating firm to do what they have to do to complete their work. Please be assured that no one is going to prod into every dusty corner of your past life for information. Most of us have a trail of mistakes in our lives and many of these will not affect your participation in Journeyman Asheville. Bottom line, we are trying to keep sexual perpetrators out of the program. A record of sexual assault, abuse, or harassment; domestic violence; or physical abuse of children is likely to send up a red flag. Offenses against children are the most likely to cause a problem.

Please do this ASAP within the next few days!

Journeyman Asheville appreciates that it takes guts to open one's "past files" for this purpose. We also know that you agree that the effort involved is worth it, in order to ensure safety and a positive experience for the boys in the program.

Thanks for helping making this program safe!

INVESTIGATION RELEASE and CONSENT FORM  
SeachLink, LLC BACKGROUND CHECK

As a prospective participant in the RTF in North Carolina and Mentor for the Journeymen Asheville Chapter of Boys To Men International Mentoring Network, I hereby agree to the following:

GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of my work with Journeymen, I grant permission to the organization to investigate my personal history. I understand that the scope of this investigation is limited to any felony convictions that have taken place in North Carolina as well as, nationwide or in Canada during the past ten years. I understand that Journeymen have contracted with SearchLink, LLC, to perform this investigation.

CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to Journeymen, through SearchLink, LLC, to contact and receive information from any federal, state, or local court regarding my judicial history, if any. I consent to the release of such information to SearchLink, LLC, and to the designated agent of Journeymen.

COOPERATION WITH INVESTIGATION

I agree to fully cooperate in this background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. I understand that I will receive a copy of the results of this investigation, and that these results will be entered in the Journeymen dissemination log entitled "Criminal History Log for Journeymen Mentors." The dissemination log is confidential under law and will be maintained at the Central Office in a secure location. This log will be maintained and available for audit by the state crime information centers upon request.

AGREEMENT

This agreement represents the entire understanding relating to this investigation. Journeymen and SearchLink, LLC shall be entitled fully to rely on this agreement. I understand that I have no guarantee of a position with, as a Staff member of, or as a Mentor for Journeymen, and that the organization may determine not to utilize my services for any lawful reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Mailing address

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB

\_\_\_\_\_  
City

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State

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Zip