

Boys to Men Mentoring Network of Greater Washington, Inc.

Geoff Reed Center Director
BTM-GW P.O. Box 9722
Washington DC 20016-9722
(c) 240-675-6199 (h) 304-258-1341
Email: greed@boystomengw.org

WELCOME

About Us

The Boys-To-Men GW Mentoring Network offers a program for teenage boys that is designed to help them develop into men with commitment, integrity, and accountability.

If you decide to register a boy for the Boys-To-Men program, we will interview you and the young man before a final decision is made. During that interview, we encourage you to ask any questions that you have about the program and us.

The boys selected will attend the **BTM Rite Of Passage Adventure Weekend (ROPAW)**. The weekend is designed to challenge boys physically and emotionally and they will be encouraged to look at and share feelings that they may have never acknowledged before. During the weekend, your young man will become known as a Journeyman, and afterwards, he and the other Journeymen from his weekend will form a J-Group that will meet every other week. The date, time, and place for the J-Group meetings will be determined after the weekend. He will also meet his mentors who will be there to listen, accept, and admire him for who he is, during and after the weekend.

The ROPAW begins **Friday afternoon, October 16th**, and runs through early **Sunday afternoon, October 18th, 2009**, Gaia Healing Center, located at 8002 B Dolly Hyde Road, Mount Airy, Maryland. You will be asked to meet us at a central rendezvous point. We will provide transportation from there to the camp for the weekend. The boys' mentors will drive them home on Sunday afternoon.

The tuition is \$450 US. You can make a request for a payment schedule that fits your budget. A limited number of partial scholarships may be available and are granted on a case-by-case basis. Contact **Geoff Reed**, Executive Director, BTM-GW at 240-675-6199 or greed@boystomengw.org for information on scholarships.

Please complete The Enclosed Forms and return to the Registrar at the address below, or, give it to the BTMGW staff member

Boys To Men -GW
P.O. Box 9722
Washington, DC 20016-9722

Geoff Reed

Center Director
Boys to Men Mentoring Network
Of Greater

Initiate Forms Check List

1. Welcome Sheet
2. Initiate Application Form
3. Parent(s) or Guardian(s) Contact Information
4. Accountability Agreement
5. Consent Form
6. Eemergency Contact Information
7. Medical/Psychological History
8. Liability Waiver
9. What to Bring

INITIATE APPLICATION FORM

NOTE: This page is to be filled out by the initiate only as it is intended to be a private document that starts the weekend. It is to be mailed separately from the other forms to

BTMGW
P.O. Box 9722
Washington DC, 20016

YOU'RE NAME: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Home phone: _____ Email Address: _____

Date of Birth: _____

Current School: _____ Grade: _____

How did you hear about this program? _____

What do you hope to get from the BTM experience? _____

If you need more space continue on the back of this page.

Parent(s) or Guardian(s) Contact Information

Boys Name: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____

/Zip Code: _____

Home phone: _____

Email address: _____

Relationship to boy: _____

How did you hear about the program? _____

Is there any information about your boy that you feel we should know? _____

Accountability Agreement

I understand that _____ will spend this weekend in the company of 12 to 20 young men like himself and 30 or more experienced adult trainers.

I hereby give my permission for _____ to participate in The Boys-To- Men Rite of Passage Adventure Weekend.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Financials - Tuition is \$450.00

A non-refundable deposit of \$150.00 is required to register with the balance due on Friday September 26, 2008.

Please check off the appropriate options below.

Method of payment: Check _____ Cash _____

Full tuition (\$450.00) _____ Deposit (\$150.00) _____

Please detail below the payment schedule that will work for you if you require one:

Tuition policy for initiates

Statement of purpose BTMGW is a volunteer non-profit organization with limited financial resources. While we do not want to turn any boy away we have a responsibility to practice accountability in the management of the funds set aside for Scholarships. Therefore these are the stated policies with regard to payment of tuition for the ROPA weekend training.

Full tuition (\$450) is to be paid in advance or other arrangements are made in advance

Other arrangements

Payments

Initial payment of at least \$150 dollars with a schedule of payment book being accepted by the responsible adult prior to acceptance for the weekend. Terms to be arranged at that time. For example (6) monthly - payments of \$50.

Scholarships

Partial scholarship of \$225 with remainder pledged to be paid as "in kind services" by the boy and/or parent. Details to be written down and signed, prior to acceptance for the week.

CONSENT DISCLAIMER

Boys to Men Greater Washington may photograph and videotape parts of the upcoming Boys to Men Adventure Weekend in order to promote future Boys to Men events. By signing and returning this form, you give your consent to Boys to Men Greater Washington. This is a request and not a mandatory requirement for acceptance to the weekend.

- The undersigned agrees to the possibility of being interviewed, recorded and photographed by Boys to Men Greater Washington or any person they mandate to that effect.
- Acknowledge that Boys to Men Greater Washington has responded to all the questions I asked about the program to my satisfaction.
- I accept that Boys to Men Greater Washington may or may not use my name, image and likeness in any verbal presentation, conference, interview and written publication.
- I recognize that Boys to Men Greater Washington shall have the exclusive rights to the materials indicated above, including copyrights and proprietary rights, and I assign to Boys to Men Greater Washington any right in relation to the materials. Boys to Men Greater Washington may not assign or transfer, in whole or in part, the rights granted by the present contract.

AND I HAVE SIGNED,

_____ Signature of participant,

Print Full Name And Date _____

Telephone number _____

Complete address _____

City _____ State ____ Zip Code _____

Age (if the participant is under 18)

PART TO BE COMPLETED BY THE PERSON HAVING PARENTAL AUTHORITY

I declare having parental authority of the participant who is a minor. This consent is signed by the participant with my authorization.

No other consent is necessary to bind the participant.

AND I HAVE SIGNED,

First Person Having Parental Authority

AND I HAVE SIGNED,

Second Person Having Parental Authority

Emergency Contact Information

The information we ask you to provide is for medical emergencies only. We will keep this information confidential. However, if your son becomes ill or injured during any Boys-To-Men event, we will share this information with emergency medical personnel

General Information

Participant's Name: _____

Parent's Name: _____

Daytime Phone: _____

Evening Phone:: _____

Cell Phone:: _____

Emergency Contact: _____

Relationship to you: _____

Daytime Phone: _____

Evening Phone:: _____

Cell Phone:: _____

Physician: _____

Do you have health insurance? Yes ___ No ___

Insurance Company: _____

Policy #: _____ Phone: _____

Please provide a copy of your insurance card

The Hospital we will use in case of emergency is

Frederick Memorial Hospital

400 West Seventh Street, Frederick, Maryland 21701

General Information: 240-566-3300 - Emergency Room: 240-566-3500

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

Medical/Psychological History

Does your son have or had any medical/psychological condition that you would want us to inform emergency medical personnel about? _____ Y/N If yes, please list below.

Condition	How long ago or at what age	Treatment Received	Other Relevant Information

Medications

Is your son taking any prescription medications? _____ Y/N If yes, please list below.

Medication	How much/how often	For	Current Side Effects

Will your son take prescription medications on the weekend? _____ Y/N If yes, please complete page 8 and see **NOTE: Parent/guardian.**

Medical or Other Allergies

Does your son have allergies? _____ Y/N If yes, please list below.

Allergy	Reaction

Signature Required

The information provided above is complete and accurate. I agree to notify Boys-To-Men GW should there be any changes in the information that I have provided here. I authorize Boys-To-Men GW to release this information to medical personnel in an emergency

Parent's Signature: _____ **Date:** _____

Parents' Instructions for Boys-To-Men on Administering Medications to Their Son

Participant's Name: _____

Medication	How much and when	Additional Information/Instructions

Please attach additional information as necessary.

NOTE: Parent/guardian. To assist us in following your directions please make an extra copy of this page and include it with the prescription meds in a clearly marked zip locked bag. We will accept this bag from you when you drop off your boy at our transportation van on Friday October 16th.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Release and Waiver of Liability and Waiver of Right to Sue Weekend Participants

In consideration of the services provided to me by Boys to Men Mentoring Network of Greater Washington, Incorporated, their agents, officers, volunteers, representatives, employees, affiliates, heirs, successors, and assigns, (hereinafter referred to as "BTM-GW"), I for myself and for my heirs, successors, assigns, parents, next-of-kin, personal representatives and estate (hereinafter referred to collectively "my Heirs"), intending to be legally bound, agree as follows:

1. **Risks.** I am going to participate in a personal growth program for teen boys sponsored and operated by BTM-GW, on _____ through _____ at the Gaia Healing Center, 8002 B Dolly Hyde Road, Mount Airy, Maryland (the "Program"). The Program involves varied activities, including, without limitation, vigorous physical activities, games and other activities conducted both indoors and outdoors during both day and night, and reflective and introspective mental, emotional, and intellectual activity ("the Activities"). I understand that BTM-GW, its leaders, volunteers, and staff will act reasonably in seeking to provide a safe environment for the Program and the Activities in which I participate. However, I also understand that BTM-GW cannot guarantee that I will not be harmed or injured.
I understand that participation in the Program and the Activities involves inherent risks, which cannot be fully eliminated without jeopardizing the essential qualities of the Program and the Activities. Known risks include, for example, the possibility of slips and falls, burns, and broken bones, and the possibility of contact with plants, animals, or insects that could cause stings, allergic reactions, or other injury.
However unlikely, participation in the Activities and the Program may involve unknown and unforeseeable risks, including severe injury, or even death, to myself or third parties, or damage to property owned by me or by others.
2. **Assumption of risk.** *I agree to act with great care for my safety and well-being and that of all other people and property around me during the Program and the Activities.* I understand that I have the right to decline to participate in any Activity. I am participating voluntarily in the Activities and the Program at my own risk, and I expressly accept full responsibility for all of the risks, known or unknown. I elect to participate in spite of the risks. I agree, therefore, that BTM-GW will not be liable to me for any injuries to me or to my property, which may occur as a result of my participation in the Activities or the Program.
3. **Release.** In consideration of being able to participate in the Program, I and My Heirs release and discharge BTM-GW from all present and future liability to me or to My Heirs for any claim or cause of action arising from physical or mental injury, death and/or property damage which may occur as a result of my participation in the Program or any Activities of the Program.
4. **Nature of Release.** This release, waiver, and indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland. If any portion of the Agreement is held invalid, the balance shall still continue in full legal force and effect.
5. **Costs and Attorneys' Fees.** I also agree that should BTM-GW, its agents or representatives be obliged, to enforce this Agreement and the promises I have made in it or to defend against an unsuccessful action brought by me notwithstanding this Agreement, I agree to indemnify BTM-GW against and hold BTM-GW harmless from the same, and to reimburse BTM-GW for all related attorneys' fees, discovery and other litigation costs.
6. **Medical Certification.** I certify that 1) I have no medical, physical, mental, or emotional conditions which I know or reasonably suspect could interfere with or risk my safety while participating in the Program and the Activities; or 2) if I have any such condition, I have disclosed it to BTM-GW. If I have any such condition, I assume and bear the risks and costs of any injury or damage that may result from participation in the Program and the Activities with my condition.
7. **Mediation, Arbitration, Waiver of Right to Sue.** I waive my right to bring any legal action against BTM-GW, or any action arising out of my participation in the Program and Activities in any court. Instead, I agree that I will submit any claim which I and/or my Heirs may have against BTM-GW as a direct or indirect result of my participation in the Activities or Program, to mediation by a neutral third party, preferably a mediator who practices regularly under the auspices of the courts of the State of Maryland. If after six (6) sessions, mediation is unsuccessful, then I have the right, if I choose, to request final and binding arbitration of my claims. Any such arbitration will be held in Maryland, and Maryland substantive law will apply. I agree that any resulting arbitration award is final and binding upon both BTM-GW and upon me and my Heirs. By signing this Agreement I am knowingly waiving my right to litigate any such claim in any state or federal court.

Any legal action to enforce an arbitration award or any other legal action of any kind brought against BTM-GW must be brought in an appropriate court in Maryland, and Maryland substantive law will apply. Any arbitrator chosen pursuant to this paragraph will be chosen from a list or lists supplied by the American Arbitration Association and/or the Federal Mediation and Conciliation Service, or from any other mutually agreeable source.

8. **Agreement Controlling.** This release contains the entire agreement between BTM-GW and me, and supersedes any and all other agreements or representations, written or oral.

I understand that by signing this Release and Waiver, I am waiving certain legal rights to sue BTM-GW. I am also waiving my right to assert any claim in court. Instead, I am agreeing for myself and My Heirs to first submit any dispute with BTM-GW, and any claim arising out of my participation in the Activities and the Program, to mediation. If the mediation is not successful, then I may, at my option, request final and binding arbitration. I understand fully the consequences of this waiver. I also acknowledge that I have had opportunity to ask questions regarding this Release and Waiver and to have this document reviewed by my legal counsel. I have read the Release and Waiver in its entirety. I understand the content of the document, I sign this Release and Waiver freely and voluntarily, and I agree to be legally bound by the terms and conditions of this document.

Participant's Signature: _____

Please Print:

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____ Today's Date: _____

Witness: _____ Date: _____

Parent or Guardian's Approval:

I am the parent or guardian of _____ [Boy's Name] (the "Participant"). I understand that by signing this Release and Waiver, I am waiving certain of my legal rights as well as the rights of the Participant to sue BTM-GW. I am also waiving the right to assert any claim in court. Instead, I am agreeing for the Participant and for myself and My Heirs to first submit any dispute with BTM-GW, and any claim arising out of the Participant's participation in the Activities and the Program, to mediation. If the mediation is not successful, then I may, at my option, request final and binding arbitration. I understand fully the consequences of this waiver. I also acknowledge that I have had opportunity to ask questions regarding this Release and Waiver and to have this document reviewed by my legal counsel. I have read the Release and Waiver in its entirety. I understand the content of the document, I sign this Release and Waiver freely and voluntarily, and I agree, for myself and the Participant, to be legally bound by the terms and conditions of this document.

Parent or Guardian's Signature: _____

Please Print:

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Today's Date: _____

ACCEPTED:

Boys to Men of Greater Washington

By: _____ Date: _____

WHAT TO BRING

It is the responsibility of each young man and his family to adhere to the instructions given in this notice.

Participants are expected to:

1. Commit to remaining for the duration of the adventure.
2. Participate in all processes.
3. Hold confidential all processes and their contents.

What you need to bring:

1. Toiletries
2. An old pair of running shoes
3. A sleeping bag and a pillow
4. A "sacred object" that represents you.
5. A meal prepared by you that is large enough to feed six boys.
6. Bathing suit and a towel
7. Prescription medicines in a clearly marked bag zip lock bag, with a schedule for administering meds, and a health insurance card if available

And, some things that you may not bring:

1. Weapons of any type
2. Drugs (other than prescribed medications) of any form including nicotine and caffeine
3. Watches, Clocks and Jewellery

Initiate

Signature _____ **Date:** _____

Parent/guardian

Signature _____ **Date:** _____