



## Boys-to-Men Mentoring Network, Arizona

Dear Parents and Guardians,

Enclosed is the enrollment packet for our August 15<sup>th</sup> – August 17<sup>th</sup>, 2003 weekend adventure. Please make sure that all information is accurate and the release of liability is properly signed. You may mail them to me at the address below or make arrangements to get them to me sometime before the weekend. If you have any questions I can help answer please do not hesitate to contact me.

Sincerely,

**Joel McCormick**  
Chairman, Boys-to-Arizona  
4007 W. Griswold Rd.  
Phoenix, AZ 85051  
(623) 322-2766  
jmccormick@cox.net  
[www.mkp-az.org/b2m](http://www.mkp-az.org/b2m)

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Documents:

1. Youth Self Report and “Innerview”: No, that’s not a misspelling. These questions are asked of your son / prospect before the weekend starts to prepare him for the adventure. Please have him fill out both forms completely.
2. Money Matters: Discusses deposits and tuition.
3. Confidential Medical Record: Accurate data here and notes pertinent to your son’s health needs will help to insure his complete safety.
4. Parents Liability Release: Both you and your son / prospect read and sign this form.
5. Permission Slip Agreement: Parents agreement to the terms of son’s participation in the weekend.



# Boys-to-Men Mentoring Network, Arizona

## “Innerview”

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Answer the following questions as honestly as possible. There are no wrong answers. Ask if you need clarification of a question. Be specific. If you need more room for answers, use the back of this sheet.

**1. What changes do you want to make in your life?**

**2. What do you hope to get from this adventure?**

**3. What do you think makes a man a man?**

**4. Who do you trust? Why?**

**5. What is your biggest fear?**

**6. What makes you happiest?**

**7. What really makes you sad?**

**8. What makes you the maddest?**

**9. Do you ever get overwhelmed or out of control? YES NO :  
If yes, what does this to you?**

**10. What do you want us to do if you get angry?**

**11. Do you ever feel bad about yourself?**

**12. Give an example of what brings this on.**

**13. What do you do for your self-esteem?**

**14. What do you do to reward yourself?**

**15. Do you have any physical limitations that we should know of?**

**16. Are you taking any medications at this time?**

**17. Are you on a special diet?**



# Boys-to-Men Mentoring Network, Arizona

## “Money Matters”

### Tuition Information

TUITION: \$250 covers complete weekend “Rites Of Passage” Adventure, including room and board.

If you are unable to pay, please contact us, and write in the amount that you agree to pay here: \_\_\_\_\_  
\_\_\_\_\_

DEPOSIT: \$50 (non-refundable) reserves a boy’s space.

MAKE CHECK PAYABLE TO: Boys-to-Men Mentoring Network

MAIL CHECK TO: B2MMN-AZ:  
Joel McCormick, 4007 W. Griswold Rd., Phoenix, AZ 85051

Questions: Call (623) 322-2766 [jmccormick@cox.net](mailto:jmccormick@cox.net)

### Refund/Cancellation Policy

If you cancel your agreement to attend the Weekend “Rites Of Passage” Adventure before the Weekend Date, your tuition will be refunded, less the \$50 non-refundable deposit.

If after the weekend “Rites of Passage” Adventure you are not satisfied with the experience, \$50 of your tuition will be refunded.

I agree to the above conditions:

Boy’s Signature: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_



# Boys-to-Men Mentoring Network, Arizona

## CONFIDENTIAL MEDICAL RECORD

In order to acquaint our staff with your son's medical needs, we require that you complete this Confidential Medical Record. If you son becomes ill or is 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

Boy's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
\_\_\_\_\_ Evening Phone \_\_\_\_\_

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

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

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Has he ever been hospitalized?  Yes  No

1. Does your child have any medical or physical conditions that would affect his participation in the Boys-to-Men Adventure Weekend?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child need any medication during the weekend? If so please give all medications to the staff person on Friday when you drop off your child.

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3. Does your child have any emotional or psychological concerns that need to be addressed?

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4. In case of medical emergency please list specific instruction

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**Medical History**

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

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

	Yes	No		Yes	No		Yes	No
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	<input type="radio"/>	<input type="radio"/>

Medications

Is he taking **any** medications (prescription or nonprescription)?  Yes  No

If yes, please list below.

Medication	How much/how often	For	Current Side Effects

**Medical Allergies**

Does he have any allergies?  Yes  No If yes, please list below.

Medication	Reaction

**Detailed Responses**

If you answered yes to any of the questions on Page 6, explain below. Include the following:

- What specific symptoms are occurring
- How he cares for symptoms/conditions
- How often symptoms/conditions occur
- How long symptoms/conditions last
- How symptoms/conditions restrict his activity
- Date of last occurrence

Number	Detailed Response

**Psychosocial History**

Has he been in counseling with a psychiatrist, psychologist, or other counselor within the past two years?  Yes  No

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

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

Depression  Substance Abuse  Suicide  Other

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

Phone \_\_\_\_\_

Address \_\_\_\_\_

Has he ever used alcohol, tobacco or non prescription drugs that you are aware of?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

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

Alcohol \_\_\_\_\_

Tobacco \_\_\_\_\_

Non-prescription Drug \_\_\_\_\_

Do you suspect that he 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 son's participation in The Boys-to-Men Rite of Passage Weekend. I realize that failure to disclose such information could result in serious harm to him and to fellow participants

I agree to notify should there be any changes in his health status. I authorize Boys-to-Men Mentoring Network, Arizona to release this information to medical personnel in an emergency. I also authorize Boys-to-Men Mentoring Network, Arizona to contact his physician or therapist to clarify any questions about his health. I understand that Boys Boys-to-Men Mentoring Network, Arizona reserves the right to refuse participation to any boy for medical reasons.

Parent or Guardian: \_\_\_\_\_

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

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



# Boys-to-Men Mentoring Network, Arizona

## PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

**Training Dates: August 15 – August 17, 2003**

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

**If under 18, Name of legal guardian:** \_\_\_\_\_

In consideration of the services of Boys-to-Men Mentoring Network, Arizona, 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 (“B2M”) and the right to engage in this Boys-to-Men Mentoring Network Training Adventure (“Training”) as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold B2M 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 Boys-to-Men Mentoring Network Training Adventure (“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 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 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 B2M 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 B2M 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. 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 my participation in this Training 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 Training.
3. I and my representatives hereby authorize B2M 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 Training. B2M 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 B2M may be deemed reasonable and necessary for my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge B2M and agree to indemnify and hold B2M 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 Training, my use of B2M equipment or facilities, or the provision by B2M 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 B2M harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by B2M 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 Training.
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 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 B2M.
7. Should B2M 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 Training, 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 Training. 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 B2M; 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 B2M. 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 B2M.
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.

Signature of Participant: \_\_\_\_\_

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

Parent or Guardian: \_\_\_\_\_

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



## Boys-to-Men Mentoring Network, Arizona

### **PERMISSION SLIP AGREEMENT**

The Boys-to-Men Weekend Adventure is a physically and emotionally demanding experience that will be both fun and enlightening. Participants will spend this weekend in the company of 15 to 25 young men and 30 or more adult staff.

I hereby give my permission for \_\_\_\_\_ to participate in The Boys-to-Men Weekend Adventure. I agree to and accept the conditions of event participation as stated above.

Signature of Parent or Guardian: \_\_\_\_\_

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