

PO Box 8066
Asheville, NC 28814



828.719.6476
www.mentorboys.org

Reclaiming the Teenage Fire Mentor Training - October 6th - 9th, 2011
Camp Arrowhead, Zirconia, NC
J-MAN STAFF Personal Information Sheet

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Alternate Telephone: _____

E-Mail Address: _____

Please mail this form and the \$25.00 Staffing Fee to:

Journeymen
PO BOX 8066
Asheville, NC 28814

Please answer the following questionnaire about how you can contribute to the **ROPAW**.

1. I am committing to staffing the **ROPAW**

_____ Thursday 5:00PM thru Sunday 5:00PM - meet at place to be determined

_____ Friday 9:00AM thru Sunday 5:00PM - parent or guardian drop off at camp

What to bring:

- Sleeping Bag
- Pillow
- Clothes appropriate for the weather
- Change of underwear, socks, hat and gloves
- Toiletries

Signatures: _____

Journeyman

Guardian/Parent

Print Guardian/Parent Name: _____ 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 RTF?

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.

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

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

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

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

Signature Required

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in Rites of Passage Adventure Weekend (RPAW). 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.

Signatures: _____
Journeyman

Guardian/Parent

Print Guardian/Parent Name: _____ Date: _____

ROPAW STAFFER AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: OCTOBER 6-9, 2011

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 **ROPAW** Staffing ("Staffing") 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 **ROPAW** ("Staffing") 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 Staffing 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 Staffing. 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 Staffing.

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 Staffing, 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 Staffing, 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 Staffing. 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.

Signatures: _____
Journeyman

Guardian/Parent

Print Guardian/Parent Name: _____ Date: _____