



## 8<sup>th</sup> Annual Rites of Passage Adventure Weekend ~ RPAW8 2010

Thursday August 19 – Sunday August 22

### STAFF Personal Information Sheet

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

Street Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Fax completed form to 303.889.2811 – Then mail this form and the \$150.00 Staffing Fee to:  
Threshold Passages, Inc. ~ P.O. Box 270895 ~ Littleton, CO 80127**

Please answer the following questionnaire about how you can contribute to the RPAW and TPI.

I am committing to being on the RPAW

- \_\_\_\_\_ Thursday night thru Sunday (everything)  
\_\_\_\_\_ Friday afternoon thru Sunday morning (minimum)  
\_\_\_\_\_ Other: \_\_\_\_\_

I am interested in supporting

- \_\_\_\_\_ Event Team (setting up and running events for boys)  
\_\_\_\_\_ Guardian Team (keeping an eye on the boys and mentoring)  
\_\_\_\_\_ Site Team (cooking, cleaning, work behind the scenes)  
\_\_\_\_\_ JourneyMan Staff Team (working with the JMen staffers)  
\_\_\_\_\_ Elder Team (men over 50 yrs who provide guidance and mentoring for all)  
\_\_\_\_\_ Leader Team (running one or more teams)

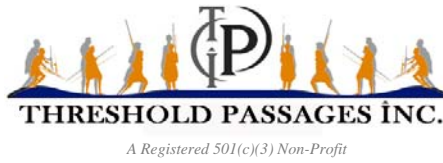
I have experience in activities that would be cool for a RPAW or a JGroup weekend event (i.e. rock climbing, rafting, skiing, etc.) \_\_\_\_\_

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

Additional Comments: \_\_\_\_\_

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





## 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 \_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_ 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)?

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

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.

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



It is easier to build strong children,  
than to repair broken men.  
- Frederick Douglass  
If we do not initiate the boys,  
they will burn down the village.  
- African Proverb

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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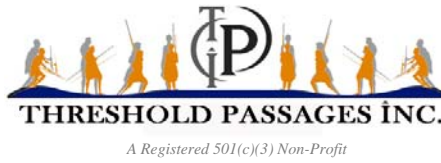
**Medical History:**

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

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
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"/>

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



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than to repair broken men.  
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**Medications:**

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

If yes, please list below.

Medication	How much/how often	For	Current Side Effects

**Medical Allergies**

Do you have any allergies? Yes  No  If yes, please list below.

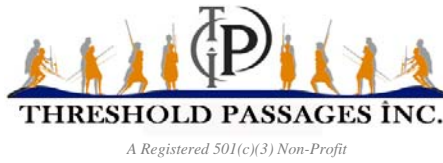
Medication	Reaction

**Detailed Responses:**

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

Number	Detailed Response



**Psychosocial History:**

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

Reason for counseling (circle all appropriate responses):

*Academic    Family Issues    Depression    Substance Abuse    Suicide    Adoption    Other*

Are you currently in counseling/treatment? Yes  No  If yes, please describe briefly:

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

Address \_\_\_\_\_

Do you have any history of violence or suicidal thoughts or attempts? Yes  No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

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

If yes, please describe and include the last time you used any of these substances:

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

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

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

# Confidential Family History Sheet

The information collected with this form will be held in confidence and will not be shared beyond the TPI process facilitation team members and the TPI Board of Trustees. Knowing information about your family dynamics and legal history is extremely helpful for assisting the emotional process work of the boys. The boy participants are asked these same questions. Please answer the questions as accurately as possible.

## Early Childhood:

Are you from a **donor** or **IVF** (if yes, **circle one**) Yes  No   
If yes, were you aware of this as a teen? Yes  No   
If donor, is it **sperm** or **egg** (**circle one**) and a **known** or **unknown** donor? (**circle one**)

Are you adopted? Yes  No   
IF YES, was it an **open** or **closed** adoption? (**circle one**)  
Was it an **international** or **domestic** adoption? (**circle one**)  
At what age were you adopted? \_\_\_\_\_  
Do you have contact with members of your birth family? Yes  No   
Who do you have contact with (i.e. birth mother)?  
\_\_\_\_\_

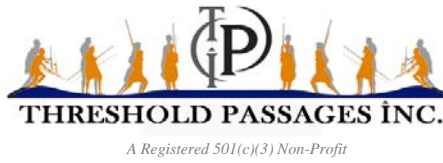
Have you ever been in foster care? Yes  No   
IF YES, at what ages were you in foster care? \_\_\_\_\_  
Do you have contact with members of your original family? Yes  No   
Who do you have contact with (i.e. biological mother)?  
\_\_\_\_\_

## Immediate Family System:

Were you part of **single** household or **multiple** households while growing up? (**circle one**)

Who was in your immediate family? (the people you lived with)

Mother? (biological or adopted mother) Yes  No   
Father? (biological or adopted father) Yes  No   
Female Guardian? (**not** biological or adopted mother) Yes  No   
Relationship: \_\_\_\_\_  
Male Guardian? (**not** biological or adopted father) Yes  No   
Relationship: \_\_\_\_\_  
Siblings you lived with as a teen (include adopted, half, step, etc)? Yes  No   
How many males? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_  
How many females? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_  
Siblings you did **not** live with as teen (include adopted, half, step, etc)? Yes  No   
How many males? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_  
How many females? \_\_\_\_\_ years of age older/younger: \_\_\_\_\_  
Any other people in the household(s)? Yes  No   
Who? (i.e. grandmother, renter, etc) \_\_\_\_\_  
\_\_\_\_\_



### School System:

Did you attend a residential or boarding school? Yes  No

IF YES, how often did you return home? \_\_\_\_\_  
\_\_\_\_\_

Did you live on the **school grounds** or with **another family?** (circle one)

Did you have residential advisors that take on a quasi-parental role? Yes  No

Was the school **co-gender** or **male only?** (circle one)

### Legal System:

Have you ever been held in a juvenile detention facility? Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been a ward of the state or in the custody of a public child welfare agency? Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Note: Prior arrests or convictions for most crimes, including drug offenses, DUI, theft, etc., will not exclude you from participating in TPI events. In fact, they are usually helpful in addressing many of the issues that teenage boys face. There are two exceptions: sex offenders and persons with a history of criminal violence. If you have a history of criminal violence, we will seek further details and may refuse your membership with TPI. If you are a sex offender, whether registered or not, you are not allowed to participate in TPI events. If you are turned down for these reasons, we will refund any staff fees you have paid.

Have you ever been arrested? Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have any convictions? Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you a sex offender? Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_



# RPAW STAFF AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISKS

Training Dates: **August 19 – 22, 2010 – Thursday through Sunday**

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

In consideration of the services of Threshold Passages, Inc., 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 "TPI") and the right to engage in this Rites of Passage Adventure Weekend Staffing ("Staffing") as a participant, I hereby freely and voluntarily agree to release, indemnify, and hold TPI 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 Rites of Passage Adventure Weekend ("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 TPI 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 TPI 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 TPI 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. TPI 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 TPI may be deemed reasonable and necessary for my immediate care, health and safety.
4. I and my representatives hereby voluntarily release, forever discharge TPI and agree to indemnify and hold TPI 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 TPI equipment or facilities, or the provision by TPI 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 TPI harmless from all costs and liabilities, including but not limited to, attorney fees, incurred by TPI 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 TPI.
7. Should TPI 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 TPI; 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 TPI. 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 TPI.
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: \_\_\_\_\_

# STAFF Individual Equipment

Please bring the following personal items and prepare for an outdoor adventure.

*Please take the time to ID your stuff with initials or last name.*

## **FOOD ITEMS:**

**ALL FOOD MUST BE STORED IN THE ROUND HOUSE!!! – NO EXCEPTIONS**

Sack dinner for Thursday night - *ID your stuff with initials or last name.*

Water bottle / canteen - *ID your stuff with initials or last name.*

Special dietary food – **IF you have food allergies, Kitchen Team will need to know this.**

## **LODGING ITEMS:**

Sleeping bag or twin size sheets/blankets

Pillow(s)

Bath linens - (Towels)

Extra sleeping bag - For boys who do not have one – (if you have this contact the Guardian Team Leader)

*We will be staying in cabins with twin size bunk beds. Showers and bathrooms are available.*

## **OUTERWARE:**

Weather appropriate clothing for 3 days and 3 nights – Low 40's at night – up to Low 80's at day

Climbing shoes (Hiking boots or appropriate rugged footwear)

Hiking boots (Hiking boots or appropriate rugged footwear)

Work gloves (i.e. leather gloves – mainly for hand protection and can be used for warmth if needed)

Rain gear

Swim trunks & towels

Extra swim trunks - For boys who do not have one – (if you have this contact the Guardian Team Leader)

Extra towels - For boys who do not have one – (if you have this contact the Guardian Team Leader)

***All Black colored outerwear for Friday night.***

## **PERSONAL ITEMS:**

Personal medications

Personal hygiene stuff

Flash light / lantern – Battery operated only

## **MISCELLANEOUS:**

Drum / percussive musical instrument – (e.g. - 5 gal. Paint bucket and sticks)

Ball(s) of any size (used for one of the processes) (if you have this contact the Events Team Leader)

Mask (or one will be made or provided on Thursday night)

IF you are gone Thursday Night of the RPAW, a mask will be provided.

## **DO NOT BRING:**

NO - Knives or weapons - NO Tobacco for those not of LEGAL Age - NO Alcohol, drugs, or anything that is or could be considered illegal including fireworks - NO iPods, CD players, game devices or items of this ilk on site (For the drive up and back they are ok).