

# 2008 FLORIDA ALATEEN CONFERENCE REGISTRATION AND PERMISSION FORMS

Please read all 5 pages



## RIDING THE WAVES OF RECOVERY

**Friday, July 18 (4 PM) through Sunday, July 20, 2008 (NOON- INCLUDES LUNCH)**  
**Lake Placid Camp and Conference Center**  
**Lake Placid, Florida**

2665 Placid View Dr., Lake Placid, FL 33582

Activities include: Alateen Meetings, Alateen Sponsor Sharing, Beach activities, Bonfires / Luau, Dance  
Any questions about the Conference can be answered by Corey, Conference Chairperson at 305-788-7987

### Registration Cost and Instructions

\$ 125 per person by June 1, 2008; \$130 per person after June 1<sup>st</sup>. Cost per person includes 6 meals and two nights lodging in cabins / dormitories on Friday & Saturday nights.

**Page 2 of this packet, titled "Registration Form" should be mailed with your payment.**

Make your check payable to: **Al-Anon Family Groups Florida South Area 10 Inc.**

Mail payment and registration form to:  
**Alateen Conference Registration,**  
**11760 S.W. 103 Lane, Miami, FL 33186**

### Behavior Guidelines and What to Bring

**Behavior Guidelines** are listed on the last page of this registration packet. Parents / Guardians and Alateens should review them carefully.

**What to bring:** Flashlight; sheets, blanket or sleeping bag; pillow; towels; personal care items; bug spray; swimsuit, spending money for raffle and boutique items

### Critical Information For Alateens, Parents, Guardians

**THE TRAVEL AND MEDICAL RELEASE FORM IS REQUIRED FOR PARTICIPATION OF ANY LEGAL MINOR IN THE CONFERENCE. THOSE FROM SOUTH FLORIDA AREA MUST USE THE FORM TITLED "South Florida Area 10 Travel And Medical Release Including Authorization And Consent For Emergency Medical Treatment Of A Minor." (Pages 3 and 4 of this registration packet.) THE TRAVEL AND MEDICAL RELEASE FORM MUST BE NOTARIZED AND BROUGHT WITH THE ALATEEN TO THE CONFERENCE. ALATEENS WITHOUT THIS NOTARIZED FORM CANNOT BE ALLOWED TO STAY AT THE CONFERENCE. Participants from North Florida must use the North Florida Form.**

**Driving Directions to the Lake Placid Camp and Conference Center can be obtained by calling them at 863-465-2197**

# 2008 ALATEEN CONFERENCE REGISTRATION FORM

Please print clearly and complete a separate form for each person

Send this page with your payment to:

**Alateen Conference Registration, 11760 S.W. 103 Lane, Miami, FL 33186**

Your check should be made payable to: **Al-Anon Family Groups Florida South Area 10 Inc.**

My full name is: \_\_\_\_\_  
First Name Last Name

My home address is \_\_\_\_\_  
Street address City State Zip Code

My area code and phone number is: (\_\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> phone contact is: (\_\_\_\_\_) \_\_\_\_\_

My e-mail is: ( please print **very clearly**) \_\_\_\_\_

(Circle one) I am Male / Female (Circle one) I am from Alateen or Al-Anon or AA If Alateen, my age on July 18 will be \_\_\_\_\_

If I am an Alateen, the person assuming responsibility for me during the conference is (check one)

My sponsor \_\_\_\_\_ a relative \_\_\_\_\_ This sponsor's or relative's name is:

\_\_\_\_\_  
First name Last name



If Alateen, what is the name or location (church name, etc) of your Alateen Group and the city in which it meets:

\_\_\_\_\_  
Alateen Group Name or Name of Church / School City where group meets

If Alateen, my parents or legal guardian's name(s) and telephone numbers are:

\_\_\_\_\_  
Name Phone Number(s)

My parents or legal guardian's e-mail is: (Please **print clearly**) \_\_\_\_\_

In case we can provide T-shirts for conference attendees, circle your t-shirt size: **S M L XL XXL 1X 2X 3X**

## IF YOU ARE NOT AN ALATEEN, PLEASE ALSO COMPLETE THIS SECTION:

***Before being of service to Alateen, Al-Anon members who have direct care and responsibility for Alateens while being of service to Alateen, must go through their Area's certification process. If you would like to be certified, the two South Florida Area forms titled Registration and Volunteer Profile and instructions are available at <http://www.southfloridaal-anon.org>.***

## Put a check mark by the statement which describes your reason for attending the Alateen Conference

\_\_\_\_\_ I am an Al-Anon attending the 2008 Alateen Conference as a certified Alateen Sponsor and will have direct care and responsibility for Alateens during the conference and I have completed the required certification process for North or South Florida. I am willing to sponsor an Alateen meeting during the Conference. \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ I am a parent, grandparent, or guardian of an Alateen attending the conference and the Alateen's name(s) is / are: \_\_\_\_\_

**SOUTH FLORIDA AREA 10  
TRAVEL AND MEDICAL RELEASE  
Including Authorization And  
Consent For Emergency Medical Treatment Of A Minor**

*Note: This form must be notarized*

**To be carried while traveling to and from any Alateen / Al- Anon Meeting /Event**

I do hereby authorize \_\_\_\_\_ (full name of certified Alateen sponsor/ volunteer) who is the accompanying certified Alateen sponsor / volunteer to transport my child / ward to the function described below and empower him / her to act as my agent, in case of emergency, to consent to any x-ray, examination, anesthetic, medical or surgical treatment and hospital care which is deemed advisable by, and is tendered under the general and special supervision of any physician and surgeon licensed to practice medicine in the State of Florida, whether such diagnosis or treatment is rendered at the office of said physician, urgent care center or medical center. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that might be required and is given to provide authority and power to the aforementioned physician in the exercise of his or her best judgment that may be deemed advisable. Medical and insurance information is provided on the reverse side of this form. I understand that I retain full financial responsibility for any care rendered to my child / ward, and that the accompanying sponsor has no financial responsibility for any emergency care rendered under this authorization.

Name of function / meeting: **Alateen Conference** Dates of function / meeting: **7/18 – 7/20/08**

If authorization is for recurring events, list the dates up to one year for which authorization is given:

From (mo/year) \_\_\_\_\_ to (mo/year) \_\_\_\_\_

Alateen's full name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

What is the best way to contact you, the parent or Guardian, in an emergency? \_\_\_\_\_  
\_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Beeper or cell phone: (\_\_\_\_\_) \_\_\_\_\_

Other emergency contact if the parent or guardian cannot be reached: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Beeper or Cell Phone: \_\_\_\_\_

Parent or Legal Guardian (print name) \_\_\_\_\_

Parent or Legal Guardian (signature) \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_,  
County of \_\_\_\_\_

State of Florida

Before me, the undersigned authority, on this day personally appeared: \_\_\_\_\_  
\_\_\_\_\_ to me known and known by me to be the person who signed the above authorization, and acknowledged to me that he/she executed the same for the purpose therein stated. WITNESS my hand and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

NOTARY PUBLIC, State of Florida  
My commission expires

**TRAVEL AND MEDICAL RELEASE**

**GENERAL MEDICAL INFORMATION:**

If the Alateen has any medical conditions / allergies to food, substances or medications, please list below:

Acute or Chronic Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Allergies (include allergies to medications): \_\_\_\_\_  
\_\_\_\_\_

Is the Alateen taking any prescribed or over the counter medicines?    \_\_\_\_\_yes    \_\_\_\_\_no

Please list any medication currently being taken, including the dosage (quantity and number of times each day).  
(Include medicines such as insulin, penicillin, local anesthetics, aspirin, sulfa drugs, sedatives, injectable medications)

Medication	Dosage	Frequency (How often each day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the Alateen covered by Medical / Accident Insurance?    \_\_\_\_\_yes    \_\_\_\_\_no

Insurance Company Name: \_\_\_\_\_

Name of Primary Insured (usually the parent) \_\_\_\_\_

Policy Number / Member Number \_\_\_\_\_

Insurance Company Phone Number to Call for Authorization: \_\_\_\_\_

Any other insurance information or contact numbers not requested above: \_\_\_\_\_  
\_\_\_\_\_

## 2008 Alateen Behavior Guidelines for Alateens and Adults

1. All Alateen members are responsible for themselves, remembering that what they do reflects on their group, the Alateen Conference, and the name of Alateen. "I am responsible."
  2. Alateens attending the Conference should arrive and leave as a group with their sponsor or parent. During the Conference, Alateens may not leave the conference grounds without their sponsor's permission and in that case, must be accompanied by a sponsor. Alateens are to check in with sponsors regularly and must not wander off unescorted.
  3. During the Conference, Sponsors will have continuous care and responsibility for the safety of Alateens, and need to be aware of their special responsibility as adult escorts of Alateens. They should have knowledge of their group members' whereabouts at all times.
  4. Alateen meetings are mandatory for Alateens.
  5. Only males are allowed in male sleeping quarters and only females are allowed in female sleeping quarters.
  6. Behavior of both adults and Alateens must be appropriate at all times. Possession of drugs or alcohol is strictly forbidden, regardless of age. (Each Alateen's prescription medications should be listed on the Travel and Medical Release form and will be monitored by the Conference Nurse.) The consequences of drug or alcohol possession, violence, vandalism or other inappropriate behavior will be immediate dismissal from the Conference. Parents will be expected to drive to the Conference to pick up any Alateen dismissed from the Conference and must assume financial responsibility for costs associated with dismissal.
  7. Name Tags must be worn at all times by everyone attending the Conference.
  8. No smoking indoors. When smoking outdoors, cigarette butts must be disposed of in appropriate containers.
  9. (Quiet time for the Lake Placid Conference Center is at 11:00 pm.) All Alateens must abide by the curfews and be indoors (sleeping quarters or meeting room) by 11:00 p.m. except on the night of the dance when the curfew is 12:00 midnight.
  10. All attendees are responsible for their belongings. A "Lost and Found" will be set up in Hospitality. Found items may require "talent show" for retrieval. Neither the Conference Center nor the Alateen Conference is responsible for lost items. You should keep valuables and cash on your person, as the rooms do not lock.
  11. Water related activities are limited to authorized times which can be found on the program, and a lifeguard must be present.
  12. These behavior guidelines must be followed by everyone attending all or part of the Conference, regardless of age or status.
-