

2013 FLORIDA SOUTH ALATEEN CONFERENCE REGISTRATION AND PERMISSION FORMS

Please read all pages of this packet and note areas that require signatures.

“THE RHYTHM OF RECOVERY”

Friday, June 7th, (4 PM) through **Sunday, June 9th, 2013** (NOON- INCLUDES LUNCH)
Lake Placid Camp and Conference Center
Lake Placid, Florida

Activities include: Alateen meetings/workshops, Beach and Water activities, Luau, Bonfire, Talent show or Concert, Sponsor (AMIAS) meetings.

More information please email: 2013afgconference@gmail.com

Registration Cost and Instructions

\$120 per person attending* by **April 1st 2013**. After April 1st cost is **\$130 per person attending***.

Included in the cost: 6 meals and two nights dormitory lodging on Friday & Saturday nights, luau, bonfire, and beach and water activities. * Parents/legal guardians who are not certified AMIAS will pay an additional \$20.00 (see parent/legal guardian section on the bottom of the Registration Form on Page 2).

Page 2 of this packet, titled “Registration Form 2013 Florida South Alateen Conference” must be filled out by all attendees and mailed with a check or money order made payable to:

AFG FL. S. Area 10, Inc.

Mail payment and registration form to:

AFG Conference Registration

15998 Mandolin Bay Drive Apt.105 Fort Myers, FL 33908

Behavior Guidelines and What to Bring

Behavior Guidelines are listed on Page 5. Sponsors (AMIAS), Parent/Legal Guardians and Alateens should review them carefully and **sign the form so they are aware of the guidelines.**

What to bring: Flashlight, sheets, blanket or sleeping bag, pillow, towels, personal care items, bug spray, sun screen, swimsuit (1 pc. swimsuit or dark T-shirt cover for girls), money for raffle and boutique, favorite music and musical instruments for a Talent show or Concert. Secure storage for instruments is provided.

Critical Information for Alateens, Parents/Legal Guardians and AMIAS

THE TRAVEL AND MEDICAL RELEASE FORM IS REQUIRED FOR PARTICIPATION OF ANY LEGAL MINOR IN THE CONFERENCE. THOSE FROM FLORIDA SOUTH AREA MUST USE THE FORMS (2 pages) TITLED “Florida South Area 10 Travel And Medical Release Form 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 SIGNED BY PARENT/LEGAL GUARDIAN AND NOTARIZED. ALATEENS WITHOUT THIS NOTARIZED FORM CANNOT BE ALLOWED TO STAY AT THE CONFERENCE. AMIAS will keep the forms in their possession.

Participants from North Florida must use the North Florida Travel and Medical Release Forms available by contacting: alateen@northfloridaal-anon.org.

FLORIDA SOUTH AREA 10 TRAVEL AND MEDICAL RELEASE FORM

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**Including Authorization And
Consent for Emergency Medical Treatment of a Minor**

Note: This form must be notarized. Please complete both pages.

Must 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 page 2 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: **2013 Florida South Alateen Conference** Dates of function/meeting: **June 7-9, 2013**

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: _____ Birth date: _____

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

Home phone: (_____) _____ Cell phone: (_____) _____

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

Relationship: _____ Home Phone: _____ or Cell Phone: _____

Parent or Legal Guardian (print name) _____

Parent or Legal Guardian (signature) _____

NOTARY SECTION

Dated this _____ day of _____, 20 __
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 _____, 20 __

NOTARY PUBLIC, State of Florida
My Commission expires _____

FLORIDA SOUTH AREA 10 TRAVEL AND MEDICAL RELEASE FORM

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ALATEEN'S FULL NAME _____ **Age** ____ **Birth date** _____

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, the reason for the medication and the dosage (quantity and number of times each day).

Include medicines such as insulin, penicillin, local anesthetics, aspirin, sulfa drugs, sedatives, injected 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: _____

Any other information or instructions not listed above:

2013 FLORIDA SOUTH ALATEEN CONFERENCE BEHAVIOR GUIDELINES FOR ALATEENS AND ADULTS

1. Alateens are responsible for themselves and their behavior, what they do reflects on their group, the Alateen Conference, and the name of Alateen. Remember: **“I am respectful.” “I am responsible.”**
2. Alateens attending the Conference will arrive and leave as a group with their AMIAS or parent. During the Conference, Alateens may not leave the conference grounds unless permitted and accompanied by an AMIAS. Alateens are to check in with their AMIAS regularly and will not wander off unescorted. Alateens will not be in dorm/meeting rooms without supervision by AMIAS.
3. During the Conference, AMIAS 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 know where their group members are and be available to the group at all times.
4. **Meetings/workshops are mandatory for Alateens.** At least two (2) AMIAS will attend each meeting/workshop. For large group events like a bonfire, dance or party the ratio will be at least 2 AMIAS per 10 Alateens.
5. Only males are allowed in male sleeping quarters and only females are allowed in female sleeping quarters. **No sleeping outside of the dorm room or in meeting rooms.**
6. **Possession of drugs, alcohol, any weapons or fireworks is strictly prohibited regardless of age.** Prescription medications will be listed on the Travel and Medical Release Form, reported to the Conference Nurse and be in the possession of the AMIAS except for asthma inhalers and EpiPens. **Acts of theft, vandalism, violence, or other inappropriate behavior including bullying, fighting or rough play** will be reported to the Conference Committee for review and if found to be valid will result in 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. All electronics are to be turned off in meetings/events.
8. No smoking indoors. When smoking outdoors, cigarette butts must be disposed of in appropriate containers. **MINORS ARE NOT PERMITTED TO SMOKE.**
9. Quiet time for the location is at 11:00 pm. **All Alateens must abide by the curfew and be inside dorm/meeting room by 11:00 pm.** Marathon meetings will wrap up by 2 am. Under age 12 curfews may be 10:00 pm. AMIAS will provide security from 11:00 pm until 7:00 am.
10. Water related activities are limited to the times authorized which can be found on the program, and a lifeguard must be present. **AMIAS must be present at the water site.**
11. All attendees are responsible for their belongings. Keep valuables on your person since the rooms do not lock. Lost and Found will be located at Hospitality.
12. **I have read these Guidelines and understand I must adhere to them regardless of age.**

Alateen (print) _____ Signature _____
 Parent/Guardian (print) _____ Signature _____
 AMIAS (print) _____ Signature _____ Date _____

2013 FLORIDA SOUTH ALATEEN CONFERENCE SPONSOR (AMIAS) INFORMATION AND RESPONSIBILITIES

1. Sponsors or AMIAS (Al-Anon Members Involved in Alateen Service) must be approved through fingerprinting and background checks with VECHS, must be in compliance with Area Safety and Behavior Requirements and must also be certified by WSO to have direct care of and contact with Alateens at the Conference.
2. The Alateen Conference is an opportunity for AMIAS to encourage and support our young members in recovery and provide a safe environment.
3. As AMIAS, if you are not sure of an Alateen's behavior, you may refuse to bring him/her to the Conference. Go over the Behavior Guidelines (Page 5) with Alateens and parents/guardians prior to the Conference several times. Everyone must sign the form so they are aware of the guidelines.
4. Have at least 2 AMIAS per 5 Alateens in your group attending the Conference. If you are on a Committee, plan to have additional AMIAS to be available to the Alateens.
5. AMIAS having Alateens under the age of 12 can evaluate their ability to spend 3 days away from home. Younger attendees may become home sick and have more needs than the older Alateens. Younger attendees will have separate meetings for their age group and should be able to participate without being disruptive.
6. AMIAS will have a signed and notarized Travel and Medical Release Form in their possession for each Alateen they bring. Medication (excluding asthma inhalers or EpiPens) will be kept by the AMIAS and reported to the Conference nurse.
7. Alateens will be accompanied by AMIAS at all times: back and forth to meetings, meals, night time events (bonfire) and especially water activities. No Alateens in dorms/meetings unsupervised by AMIAS. AMIAS will provide 24 hour security. Security for 11 pm -7 am is in 2-hour shifts. Sign up is at the Registration Table.
8. Communicate problems or conflicts to the Conference Committee (Chair, Co-Chair and Security Chair). For any violation, a meeting of the Conference Committee, the offender if an Alateen, their AMIAS and any witnesses will be held to determine validity of the offense and any consequence.
9. Attend the AMIAS meetings or training, if available, at the Conference.
10. Conferences are exciting, challenging and great learning experiences. Remember to have FUN!