

# 2023 FLORIDA NORTH ALATEEN CONFERENCE REGISTRATION AND PERMISSION FORMS

*Please read all pages*

Friday, August 4 (4:00 PM) through Sunday, August 6, 2023 (1:00 pm)

**Deerhaven Conference and Retreat Center**

47924 Nfs 540-2, Paisley, FL 32767

Activities include: Alateen meetings/workshops, Speaker Meetings, Water activities, Recreation, Hug Circles, Unconditional Love and Bonfires.

Send questions to: [Alateenconference2023@AFGArea9.org](mailto:Alateenconference2023@AFGArea9.org) or text 785-408-4950

## **Registration Cost and Instructions**

\$-0- Costs have been covered by AFG Area 9.

Each registration includes 6 meals and two nights lodging in dormitories on Friday & Saturday nights.

Page 2 of this packet, titled "Registration Form" should be mailed in advance to help with planning.

Mail registration form to: Attn: Conference 2023

c/o – Kathy R.

13354 Long Cypress Trail

Jacksonville, FL 32223

OR email to: [kmprappe@aol.com](mailto:kmprappe@aol.com)

## **Behavior Guidelines**

*Sponsors, Parents / Guardians and Alateens must carefully review the attached Behavior Guidelines.*

## **Critical Information For Alateens, Parents, Guardians, Sponsors**

**THE PERMISSION, TRAVEL AND MEDICAL RELEASE FORM IS REQUIRED FOR PARTICIPATION OF ANY TEEN ATTENDING THE CONFERENCE.** Including Authorization to Obtain Medical Care (Page 5 of registration packet.) **THE PERMISSION, TRAVEL AND MEDICAL RELEASE FORM MUST BE SIGNED BY PARENT OR GUARDIAN AND **NOTARIZED****. ALATEENS WITHOUT THIS **NOTARIZED** FORM CANNOT BE ALLOWED TO STAY AT THE CONFERENCE. Sponsors shall keep the forms while traveling with Alateens and at the conference in their possession.

## **What to Bring**

What to bring: Flashlight; sheets, blanket or sleeping bag; pillow; towels; personal care items; bug spray; sun screen; swimsuit (**girls-1 pc. swimsuit for girls or a dark cover shirt required, boys-no speedos or briefs**); soap; shampoo; an open mind and a sense of humor.

# 2023 ALATEEN CONFERENCE REGISTRATION FORM

Please print clearly and complete a separate form for each person

**Send this page to:**

Attn: Alateen Conference 2023

c/o – Kathy R.

13354 Long Cypress Trail

Jacksonville, FL 32223

Or email to: [kmprappe@aol.com](mailto:kmprappe@aol.com)

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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: (\_\_\_\_) \_\_\_\_\_ 2nd 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 Aug. 4, 2023 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 and Last name of responsible sponsors, relative, etc Cell Phone

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

\_\_\_\_\_  
Alateen Group Name City where group meets

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

\_\_\_\_\_  
First Name Last Name Phone Number(s) during the Conference

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

## IF YOU ARE AN ADULT, PLEASE COMPLETE THIS SECTION:

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

\_\_\_\_ I am an Al-Anon attending the 2023 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 AMIAS certification process.

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

## ALL Alateens and Adults Please complete this section:

I have food allergies or special dietary needs: \_\_\_\_\_ No \_\_\_\_\_ Yes **If yes**, please describe: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL

\_\_\_\_\_  
Adult/AMIAS Signature/ Print Name

\_\_\_\_\_  
Alateen Signature/Print Name

**FLORIDA NORTH  
PERMISSION, TRAVEL AND MEDICAL RELEASE FORM**

Page 1 of 3

Including Authorization to Obtain Medical Care

Note: This form must be notarized; please complete all 3 pages.

**Do Not Mail. To be carried by AMIAS while traveling to and from Alateen Conference**

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 Medical form. **As the parent/guardian of the aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and/or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.**

Name of Event: **Alateen Conference** Dates of Event: **August 4-6, 2023**

Authorization is given: From August 4, 2023 to August 6, 2023

Alateen's full name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Custodian Parent's full name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Do Not Mail. To be carried by AMIAS while traveling to and from Alateen Conference**

# FORM B: MEDICAL FORM

page 1 of 2

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

## AUTHORIZATION TO OBTAIN MEDICAL CARE

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely and bear the original notary seal.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out and notarized.

## DISEASES/MEDICAL CONDITIONS

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ has (had) the following diseases or problems:

- Heart Trouble \_\_\_\_\_
- Tuberculosis \_\_\_\_\_
- Stomach Ulcers \_\_\_\_\_
- Asthma \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Low Blood Pressure \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Liver Trouble (Hepatitis) \_\_\_\_\_
- Fainting spells or Seizures \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Hives \_\_\_\_\_
- Other (Please describe) \_\_\_\_\_

## ALLERGIES

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ has had allergic reaction from the following:

(please check):

- Penicillin \_\_\_\_\_
- Local Anesthetics \_\_\_\_\_
- Aspirin \_\_\_\_\_
- Sulphur Drugs \_\_\_\_\_
- Sedatives \_\_\_\_\_
- Bee Stings/Insect Bites \_\_\_\_\_
- Pollens \_\_\_\_\_
- Foods (please list) \_\_\_\_\_
- Other (Please Describe) \_\_\_\_\_

## CURRENT MEDICATIONS

Please list all prescriptions & over-the-counter drugs. These medications MUST be in their original container(s) with labels firmly in place.

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ is currently using the following medications:

\_\_\_\_\_

\_\_\_\_\_

## OTHER CONDITIONS OR PROBLEMS

(Alateen member or Sponsor/AMIAS escort name) \_\_\_\_\_ has the following condition or problems not listed above that you should know about: (please explain)

\_\_\_\_\_

\_\_\_\_\_

**Do Not Mail. To be carried by AMIAS while traveling to and from Alateen Conference**

## FORM B: MEDICAL FORM (continued)

page 2 of 2

*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.*

### MEDICAL INSURANCE INFORMATION

You must provide medical insurance information in the space below.

#### For the US:

Name of Insurance Co. \_\_\_\_\_

Employer Name \_\_\_\_\_

Employee Name and Social Security Number \_\_\_\_\_

Group ID Number \_\_\_\_\_

(or attach a medical coupon if covered by Medicaid)

#### For Canada:

Health Card or Medi-Number \_\_\_\_\_

### NOTARY STATEMENT

Form B, Authorization to Obtain Medical Care, is not valid without a signed and sealed Notary Statement.

State/Province of \_\_\_\_\_

County of \_\_\_\_\_

(Sponsor/Escort/Responsible Party Name) \_\_\_\_\_ is authorized upon  
my signature below to obtain any medical care necessary for the duration of the above stated function on behalf of  
(Participant's Name) \_\_\_\_\_  
who is (state relationship - self, son, daughter) my \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Signature - if 18 or over)

\_\_\_\_\_  
(Signature of Parent or Guardian, if under 18)

Before me, the above signed 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 (s)he executed the same for the purpose therein stated.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

### NOTARY PUBLIC

My Commission Expires:

Seal:

## 2023 ALATEEN CONFERENCE BEHAVIOR GUIDELINES

- 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.”
- 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. 24 hr. Security is provided by Sponsors.
- 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 know where their group members are and be available to the group at all times.
- Alateen meetings/workshops are mandatory for Alateens. There will be two (2) Sponsors in attendance. (WSO Alateen Conference Guidelines G16). Outside the meetings, there should be at least 1 sponsor/AMIAS per 5 teens.
- Only males are allowed in male sleeping quarters and only females are allowed in female sleeping quarters. Appropriate Alateen hugs are encouraged. The Alateen Conference is not a love connection. Bullying, fighting or rough play are not acceptable behaviors.
- Behavior of both adults and Alateens must be appropriate at all times. Possession of drugs or alcohol is strictly forbidden, regardless of age. Prescription medications should be listed on the Travel and Medical Release form, reported to the Conference Nurse and be in the possession of the Sponsor except for asthma inhalers and epi-pens. 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 promptly drive to the Conference to pick up any Alateen dismissed from the Conference and must assume financial responsibility for costs associated with dismissal.**
- Name Tags must be worn at all times by everyone attending the Conference.
- No smoking indoors. When smoking outdoors, cigarette butts must be disposed of in appropriate containers.
- Quiet time for the Conference is at 11:00 pm. All Alateens must abide by the curfews and be indoors (sleeping quarters) by 11:00 p.m. Friday night, 11:15 pm Saturday Night. Sponsors will provide security from 11pm-7am.
- All attendees are responsible for their belongings. A “Lost and Found” will be set up in Hospitality. Found items may require detailed description 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.
- Water related activities are limited to authorized times which can be found on the program. Sponsors must also be present at the water site.
- These behavior guidelines must be followed by everyone attending all or part of the Conference, regardless of age (including ages 18-19) or status.
- Any and all weapons, including but not limited to toy or real guns, swords, knives, etc., are prohibited at the Alateen Conference. The consequence will be immediate dismissal from the Conference. **Parents will be expected to promptly drive to the Conference to pick up any Alateen dismissed from the Conference.**
- I will do my best to be helpful and open to meeting new friends.
- I agree to follow the above guidelines.

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Alateen’s Signature/Print Name

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Parent/Guardian’s Signature/Print Name

## **2023 ALATEEN CONFERENCE SPONSOR INFORMATION AND RESPONSIBILITIES**

1. The Alateen Conference is an opportunity for Sponsors to encourage and support our young members in recovery in a safe environment.
2. Sponsors must be certified AMIAS (Al-Anon Members Involved in Alateen Service) through back ground checks and fingerprints with a WSO number to have direct care of and contact with Alateens at the Conference.
3. As Sponsors if you are not sure of an Alateen's behavior you may refuse to bring them to the Conference. Go over Behavior Guidelines with Alateens and parents/guardians prior to the Conference several times and have them sign the form so they cannot say they didn't know.
4. At least (1) Sponsor per 5 Alateens in your group attending the conference. If you are on a Committee, have additional AMIAS to be available to the Alateens. If you have Alateens under the age of 13 attending keep in mind they may be housed in a separate dorm requiring additional Sponsors.
5. Sponsors should have signed and notarized Travel and Medical form in their possession for each Alateen in their care. Medication (excluding asthma inhalers or epi-pens) should be kept by the Sponsor and reported to the Conference nurse.
6. Alateens should be accompanied by Sponsors at all times. Back and forth to meetings, events, meals, night time events (bonfire) and especially water activities. No Alateens in dorms unaccompanied by a Sponsor. Sponsors will provide security from 11pm-7am in 2 hr. shifts.
7. Communicate problems or conflicts to the Conference Committee (Sponsor Chair, Co-chair and Security Chair). For any violation, a meeting of the Committee, Sponsor, offender and any witnesses will be held to determine any consequences of violation.
8. Conferences are exciting, challenging and great learning experiences. Remember to have FUN!!!