

REGISTRATION

2012 Alateen Round Up, April 28, 2012

Section 1: Everyone

Name: _____
First Name Last Name

Home Address: _____

Phone No. (_____) _____ E-mail _____

I am a member of _____ Al-Anon _____ I am a certified AMIAS (Al-Anon Member in Alateen Service) or I am a member/prospective member of _____ Al-Anon (please complete Section 2)

_____ I have enclosed \$15.00 for Registration (Make checks payable to District 3 AFG).

For Alateen Scholarship info contact: Jim McG. at (904) 631-7028 or at alateen@Jaxafg.org.

Section 2: Alateens and Prospective Alateens only

Prospective Alateen: _____ My life has been touched in the past or present by alcoholism a family member or friend. I am mature enough to understand anonymity and participate in this event.

Member: I attend the _____ Alateen Group in _____
Name of Group City

I am _____ years old.

My parents/legal guardians are _____
Their phone number (_____) _____ E-mail _____

I will be attending the Round-up with:
_____ My parent/guardian _____
Name

_____ A certified AMIAS _____
(if attending with an AMIAS, you must include completed and notarized "Permission to Attend Al-Anon/Alateen Event" and "Authorization to Obtain Medical Care" forms)

Be sure to sign the **Behavior Guidelines** on the next page.

Mail payment and registration to: Al-Anon District 3, P.O. Box 2392, Orange Park, FL 32073

BEHAVIOR GUIDELINES

1. Anyone of 18 years of age or less, must be accompanied by his/her parent/guardian or by a **certified** AMIAS.
2. Any child attending with an AMIAS must have a signed and notarized "Permission to Attend Al-anon/Alateen Event" and "Authorization to Obtain Medical Care" forms.
3. All Alateens and prospective Alateens will attend all scheduled Alateen activities.
4. An individual AMIAS may assume responsibility for no more than four (4) teens.
5. All AMIAS, parents or guardians who are attending with Alateens must remain available to those teens.
6. Any Al-Anon (other than a parent or guardian of the Alateens concerned) who is serving in a position of responsibility for any Alateen must be a **certified** AMIAS.

I have read and agree to abide by these guidelines.

Signature Date

I am an Al-Anon Alateen/prospective Alateen

I am also a(n) AMIAS Parent or Guardian

For more information contact Jim McG. (904-631-728) or email: alateen@jaxafg.org

North Florida Area
2012 Alateen Round Up
April 28, 2012

Kathryn Abbey Hanna Park

500 Wonderwood Drive

Jacksonville, Florida 32233

Permission to Attend Al-Anon/Alateen Event
North Florida Area 9

I, _____, hereby grant permission for
(Parent/Guardian Name)

_____ to travel to, and take part in ,
(Alateen's Name)

**2012 Alateen Round Up, Kathryn Abbey Hanna Park 500 Wonderwood Drive, Jacksonville, FL
On April 28th, 2012**

Under the supervision of _____ or _____,
Name(s) Accompanying Adult(s) Involved in Alateen Service)

who is in charge and will at all times make decisions for the best interests of all members of the group.

Parent/Guardian Signature: _____ Date: _____

Alateen's Name: _____ Age: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

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 (s)he executed the same for the purpose therein
stated.

WITNESS my hand and seal this _____ day of _____, 20____.

Notary Public

_____ Seal:

Signature

Accompanying Adult(s) Involved in Alateen Service:

Print Name

Print Name

Sign

Sign

WSO ID#

WSO ID #

AUTHORIZATION TO OBTAIN MEDICAL CARE

I hereby authorize _____ or _____, accompanying Adult(s) Involved in Alateen Service, to obtain any medical care necessary for my child (or me) while traveling to and from, and for the duration of _____.
(Event)

1. Do you have Medical or Accident Insurance? Yes No
 - a. If yes, name of insurance company _____
 - b. Policy Number _____
 - c. Name of Insured _____

2. Does child (or you) have any of the following diseases or problems? Please circle all that apply.

Heart trouble	Low blood pressure	Seizures
Asthma	Fainting spells	Liver problems
Diabetes	Hives	Hepatitis
High Blood Pressure	Tuberculosis	Other _____

3. Is child (or are you) allergic to any medications? Please circle all that apply.

Penicillin	Sulphur drugs	Local anesthetics
Aspirin	Sedatives	Other _____

4. Does child (or you) have an allergy to any foods, pollens, stings, etc? Yes No

If yes, please explain _____

Note: if child (or you) currently takes any medication, the accompanying Adult(s) Involved in Alateen Service should be made aware of this, as should the nurse at the event your child (or you) attend.

I further hold harmless above noted Adult Involved in Alateen Service, as well as the event attended by my child (or me) should any harm come to my child (or me) as the result of participation in this activity or procurement of medical treatment.

Parent/Guardian Signature (if under 18 years old) or Signature (if over 18 years old)

Print Name Date

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 (s)he executed the same for the purpose therein stated.

WITNESS my hand and seal this _____ day of _____, 20__.

Notary Public

Signature Seal: