

# 2012 FLORIDA ALATEEN CONFERENCE REGISTRATION AND PERMISSION FORMS

Please read all 6 pages

Friday, July 13 (4 PM) through Sunday, July 15, 2012 (NOON- INCLUDES LUNCH)

Lake Placid Camp and Conference Center

Lake Placid, Florida

2665 Placid View Dr., Lake Placid, FL 33852

Activities include: Alateen meetings/workshops, Alateen Sponsor Sharing, Beach activities, Bonfire, Dance,  
Send questions to: Charon L. and Dianna T. [ateen2012@yahoo.com](mailto:ateen2012@yahoo.com) 813.264.4734

## Registration Cost and Instructions

\$120 per person by May 1<sup>st</sup>, 2012. \$130 per person after May 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: Alateen Conference

Mail payment and registration form to:

Alateen c/o Diane Murray,  
PO Box 1811  
Oldsmar, FL 34677

## Behavior Guidelines and What to Bring

Behavior Guidelines are on a page of this registration packet.

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

What to bring: Flashlight; sheets, blanket or sleeping bag; pillow; towels; personal care items; bug spray; sun screen; swimsuit (1 pc. swimsuit for girls or a cover shirt required); money for raffle and boutique.

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

THE TRAVEL AND MEDICAL RELEASE FORM IS REQUIRED FOR PARTICIPATION OF ANY LEGAL MINOR IN THE CONFERENCE. 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 OR GUARDIAN AND *NOTARIZED* . ALATEENS WITHOUT THIS NOTARIZED FORM CANNOT BE ALLOWED TO STAY AT THE CONFERENCE. Sponsors should keep the forms in their possession.

Driving Directions to the Lake Placid Camp and Conference Center  
can be found on the last page of this packet.

# 2012 ALATEEN CONFERENCE REGISTRATION FORM

Please print clearly and complete a separate form for each person

Send this page with your payment to:

Alateen c/o Diane Murray,

PO Box 1811

Oldsmar, FL 34677

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Your check should be made payable to: Alateen Conference.

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 July 13 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 of responsible sponsors, relative, etc Last name

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 parents or legal guardian's name(s) and telephone numbers are:

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

My parents 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 2012 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 for South Florida or North Florida. My WSO # is \_\_\_\_\_.

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

NORTH FLORIDA & SOUTH FLORIDA  
TRAVEL AND MEDICAL RELEASE FORM

Page 1 of 2

Including Authorization And  
Consent for Emergency Medical Treatment Of A Minor

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

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: July 13- 15, 2012

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: (\_\_\_\_\_) \_\_\_\_\_ 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 \_\_\_\_\_, 20

State of Florida

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

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 \_\_\_\_\_

TRAVEL AND MEDICAL RELEASE FORM

Page 2 of 2

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: \_\_\_\_\_

## 2012 ALATEEN CONFERENCE BEHAVIOR GUIDELINES

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. 24 hr. Security is provided by Sponsors.
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 know where their group members are and be available to the group at all times.
4. Alateen meetings/workshops are mandatory for Alateens. There will be two (2) Sponsors in attendance. If there is a dance, the same ratio of Sponsors to Alateens guideline will apply. (WSO Alateen Conference Guidelines G16). Outside the meetings there should be at least 1 sponsor/AMIAS per 5 teens.
5. 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.
6. 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 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. Sponsors will provide security from 11pm-7am. Younger than 10 curfew will be 10:00 pm.
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. Sponsors must also be present at the water site.
12. These behavior guidelines must be followed by everyone attending all or part of the Conference, regardless of age or status.

# Directions to the Alateen Conference Lake Placid Camp and Conference Center

2665 Placid View Dr., Lake Placid, FL 33582  
863-465-2197

## Approaching from the North:

Drive south on Route 27 to the town of Lake Placid (just south of Sebring). Continue south on Route 27 approximately 1 and 1/2 miles south of the intersection of Route 27 and Interlake Blvd (2nd traffic light). Turn right off route 27 onto Lake Mirror Drive (there is a large orange LPCCC sign on the corner). Lake Mirror Drive dead ends (approximately 1 mile) onto Placid View Drive. There is a large orange LPCCC sign on the corner. Turn left onto Placid View Drive, go approximately 4/10ths of a mile to the Lake Placid Conference Center entrance on left.

## Approaching from the South:

Drive north on Route 27 approximately 5 miles north of the intersection of Route 27 and Route 70. Turn left off Route 27 on to Lake Mirror Drive. (there is a large orange LPCCC sign on the corner). Lake Mirror Drive dead ends (approximately 1 mile) onto Placid View Drive. There is a large orange LPCCC sign on the corner. Turn left onto Placid View Drive, go approximately 4/10ths of a mile to the Lake Placid Conference Center entrance on left.

## Approaching from the East:

Drive west on Route 70 through Okeechobee to Route 27. Drive North 5 miles on Route 27. Turn left on to Lake Mirror Drive. There is a large orange LPCCC sign on the corner. Lake Mirror Drive dead ends (approximately 1 mile) onto Placid View Drive. There is a large orange LPCCC sign on the corner. Turn left onto Placid View Drive, go approximately 4/10ths of a mile to the Lake Placid Conference Center entrance on left.

## Approaching from the West:

Drive east on Route 70 through Arcadia to Route 27. Drive north on Route 27 to Lake Mirror Drive (approximately 5 miles north of the intersection of Route 27 and 70). Turn left off Route 27 on to Lake Mirror Drive. Go to the end of Lake Mirror Drive (approximately 1 mile) onto Placid View Drive. There is a large orange LPCCC sign on the corner. Turn left onto Placid View Drive, go approximately 4/10ths of a mile to the Lake Placid Conference Center entrance on left.