



**Arizona Alateen Conference  
September 16<sup>th</sup>, 17<sup>th</sup> and 18<sup>th</sup> 2011**

## Registration Information

Registration Fee: \$70 if received by Aug. 15, 2011, \$80 after Aug. 15, 2011.

**Please try to register early!** If no money is sent in with this form, then you are not considered registered!!! Please make checks, money orders or cashiers checks payable to AZAC. **(Please do not send cash!)** PLEASE READ ALL INFORMATION BEFORE FILLING OUT REGISTRATION!!! If you have questions, please call Mara S. Al-Anon AZAC Chair, 480-580-0908

Send your completed form to:

AZAC

*P.O. Box 86852*

*Phoenix, AZ 85080*

### **NO REFUNDS WILL BE MADE**

The camp will only hold 110 people, so hurry and get your registration form completed and sent in to reserve your spot. Alateen registration will be given preference over Al-Anon and AA registrations.

**IMPORTANT PAPERS: AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR FORM.** One must be mailed to AZAC with your check or request for scholarship for the Conference use. The other one must be sent with the Alateen and given to the parent of AMIAS driving him/her up to the camp. If the Alateen is under 18 years of age, you must have both consent forms notarized. Both of these forms are important so please make sure they are filled out properly and sent to the correct people. **(NOTES WON'T BE ACCEPTED, THE AZAC CONSENT FORM IS MANDATORY).**

### **WHAT TO BRING:**

1. Sleeping bag or sheets and blanket with pillow.
2. Toiletries- towels, flashlight.
3. Warm Clothing. We will be at an altitude of 7,500 feet.
4. Food cannot be kept in cabins. It is only being permitted in the dining hall. Four meals are included in registration.
5. There will be a banquet-- Bring appropriate attire (dressy, but casual).
6. Be sure to bring your God-Boxes for our Annual God Box Burning.
7. (Optional) bring extra money for fundraising at the banquet. Sweatshirts will be sold for \$20-\$25

**8. Remember that there will be no dinner served on Friday night. AZAC will provide a snack for those interested, but please eat before you come.**

**9. Talent Show** - There will be a talent show on Friday night. If you would like to participate, sign up at the registration table when you arrive at AZAC. Don't forget to bring any aids to your talent: instruments, juggling balls, poetry, costumes, artwork, etc. BE CREATIVE!

AZAC is not responsible for any lost or broken items.

**Partial Scholarships are available for the asking!** If you are unable to pay for your full AZAC registration, send a scholarship request with half of your registration payment to:

AZAC Scholarships 1173 E Jade Drive Chandler, Az. 85286

Requests for scholarships must be submitted in writing either through the mail or to a member of the AZAC Committee. Scholarships will be awarded on a first come-first serve basis for Arizona Alateens. Thanks!

If you would like to make donations to AZAC please send them to:

AZAC Donations 1173 E Jade Drive Chandler, Az. 85286

## **Behavior Guidelines**

AZAC BEHAVIOR GUIDELINES (these must be read and followed by everyone)  
AT AZAC WE CAN LET OUR FEELINGS SHOW. WE PRESENT TO YOU A WEEKEND OF SHARING, LOVE AND THE ALATEEN PROGRAM. TAKE WHAT YOU LIKE AND LEAVE THE REST. THIS WEEKEND IS FOR YOU! SHOW YOU CARE FOR EACH OTHER AND IT WILL BE THE BEST WEEKEND EVER AND YOU WILL REMEMBER IT ALWAYS. JUST FOLLOW THESE SIMPLE GUIDELINES AND KEEP IN MIND THE SPIRIT OF OUR TWELVE STEPS, TRADITIONS, AND CONCEPTS.

**1. The minimum age for attending AZAC is 12 years old.**

2. Certified Al-Anon Members Involved in Alateen Service (AMIASs) will be assigned to the Alateens in their cabins to uphold the guidelines of the conference, therefore, they must be respected and obeyed at all times at the same time AMIASs are expected to show Alateens the same respect they wish to be given. Committee members and AMIASs are also expected to obey the guidelines!

2.5 Any adult over the age of 21 who is not a certified AMIAS is welcome to attend AZAC but will not be considered a sponsor and will be housed separately from Alateens, space permitting.

3. Under no circumstances is anyone to leave the campground or go beyond the designated area during the conference once he or she is registered. No wandering at all. If you need to go to your car, bring a committee member with you. In case of any emergency, notify any committee member.

4. Everyone is expected to attend all the conference sessions (i.e. workshops, meetings, firesides, etc.)

5. All Alateens and sponsors must be in their cabins by 12:30 AM (Lights Out).

6. No girls in boy's cabins or bathrooms and no boys in girl's cabins or bathrooms. Sexual activity of any kind is forbidden.

7. Smoking is only permitted at the fire circle. Everyone attending AZAC must abide by state laws regarding smoking. No one over the age of 18 may provide tobacco products for a minor.

8. Possession of alcohol, drugs, and weapons is strictly forbidden. All over-the-counter or prescription medicines are to be given to the nurse. Original pharmacy labels will be required.

9. Any damage to camp property will be paid for by the offending parties.

10. Respect the anonymity of all the participants. We wish to remind those who are taking pictures to only photograph those who have no objections.

11. No person will be admitted to any session of the conference without registering. No cabin switching. Cabin assignments are final.

12. Anyone who breaks these guidelines will be sent home from AZAC immediately at their own expense.

13. Please limit sharing to 5 minutes. Be courteous when others are speaking. (No cross talk!)

14. Discrimination of any kind will not be tolerated. This includes race, age (provided minimum requirements are met), Nationality, religion, political affiliation, sexual orientation, gender (except for Guideline 6), and health issues.

15. Any exceptions to these guidelines are at the discretion of the AZAC Committee which strives to follow the 12 steps, traditions, and concepts of service.

16. No one who has been convicted of a felony or accused of sexual misconduct or child abuse, may attend AZAC.

**Registration information**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX :( M/F)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BADGE NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

How many AZAC's you have attended? \_\_\_\_\_

Do you want Vegetarian meals? \_\_\_\_\_

Are you an area certified Alateen Sponsor? \_\_\_\_\_

A T-shirt is included: S M L XL XXL

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

(This information is not necessary for you to attend AZAC.)

List any medications being taken: \_\_\_\_\_

All medications must be turned in with original label to the attending nurse upon arrival at the conference.

I have read the AZAC guidelines and I understand them. I realize that if I break one of the guidelines I will be sent home at my or my parent's expense. I also understand that any illegal or misused drugs are forbidden, and that no one who has been convicted of a felony or accused of sexual misconduct or child abuse may attend. I am eligible to attend and am responsible for my own actions!!!

Participant Signature \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_, a minor, to take part in and travel to and from AZAC '11. I fully understand what my son/daughter is participating in. I, the undersigned, agree not to hold AZAC, Alateen, and Al-anon Family Groups responsible for any injury, loss, or damage of any nature whatsoever, including but not limited to the body and property, and the undersigned agrees to assume full responsibility for such injury, loss or damage.

Parent/Legal Guardian (If under 18) \_\_\_\_\_

**Necessary Medical Information:**

Name/Address/Home Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent Guardian Contact \_\_\_\_\_

Emergency Contact Info and Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies: Food \_\_\_\_\_ Medication \_\_\_\_\_

Daily Medication: \_\_\_\_Y \_\_\_\_N If Yes please specify \_\_\_\_\_

Any recent surgery, illness of accident (specify) \_\_\_\_\_

Health Problems or limitations: \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_ Aspirin\_\_\_\_ or Tylenol\_\_\_\_

All medications must be turned in with original label to the attending nurse upon arrival at the conference.

I, \_\_\_\_\_ hereby request and give my consent for the health Assistant, person designated by the AZAC Executive Committee, to see that my child \_\_\_\_\_ receives the prescription or over the counter medication as instructed below.

**I understand that the medication is to be furnished by me in the original container and is to be labeled with and given in the following manner. (Ask your pharmacist to provide prescription labeled container for school.)**

1. The name and reason for the medication \_\_\_\_\_

2. Name of physician (must be on label) \_\_\_\_\_ Phone \_\_\_\_\_

3. Pharmacy and prescription number \_\_\_\_\_

4. Directions for administration (by mouth, etc.) \_\_\_\_\_

5. The amount and time of day to be given \_\_\_\_\_

6. For the period from \_\_\_\_\_ to \_\_\_\_\_

I hereby give my consent for the following over the counter medication when needed: Acetaminophen (Tylenol) **\_ YES \_ NO**

Ibuprofen (Advil) **\_ YES \_ NO** Antacid (Tums) **\_ YES \_ NO** Throat lozenges/Spray **\_ YES \_ NO**  
First Aide Ointment **\_ YES \_ NO** Antiseptic Spray **\_ YES \_ NO** Saline Eye Drops **\_ YES \_ NO**

**Parent/Guardian Signature** \_\_\_\_\_

I, the undersigned, agree not to hold AZAC Alateen and Al-Anon Family Groups responsible for any injury, loss, or damage of any nature whatsoever, including but not limited to the body and property, and the undersigned agrees to assume full responsibility for such injury, loss or damage.

\_\_\_\_\_



Anyone under 18 must have 3 signed and notarized copies of this form. One must be sent with your registration and one carried to and from AZAC. Please note No one will be allowed at the conference without notarized forms! Provide one to AZAC, provide one to driver, provide one to nurse, xxxx.

**AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR**

I/We, the undersigned, (Parent(s) or legal guardians(s)) of \_\_\_\_\_, a minor, do hereby authorize the AZAC '11 committee as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be tendered under the general and special supervision of any physician and surgeon licensed in Arizona, whether such diagnosis of treatment is rendered at the office of said physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment of care that might be required and is given to provide authority and power to the aforementioned physician in the exercise of his/her best judgment that may be deemed advisable. It is also understood that AZAC '11 committee, Alateen, or the Al-Anon Family Groups will not be held financially responsible for any injuries caused to participant.

I hereby grant permission for \_\_\_\_\_, a minor, to take part in and travel to and from AZAC '11 I fully understand what my son/daughter is participating in. I, the undersigned, agree not to hold AZAC Alateen, and Al-anon Family Groups responsible for any injury, loss, or damage of any nature whatsoever, including but not limited to the body and property, and the undersigned agrees to assume full responsibility for such injury, loss or damage.

This authorization shall remain in effect from September 16<sup>th</sup> through September 18, 2011 unless sooner revoked in writing and delivered to said agent.

Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Phone # ( ) \_\_\_\_\_

Does insurance require notification of emergency/urgent care? \_\_\_\_\_

If yes, telephone # of emergency/urgent care authorization \_\_\_\_\_

Date of Birth \_\_\_\_\_

Any known allergies?(Y/N)

If yes, List: \_\_\_\_\_

Do you have any conditions or problems not listed that you think we should know about?  
\_\_\_\_\_

Please list these along with medications being taken:  
\_\_\_\_\_

anyone (including sponsors and committee members) using medication is to report to the AZAC '10 Committee immediately upon arrival to the camp.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2011 \_\_\_\_\_  
PARENT/LEAGAL GUARDIAN

STATE OF \_\_\_\_\_ ) This instrument was acknowledged before me this  
)ss \_\_\_\_\_ day of \_\_\_\_\_, 2011, by \_\_\_\_\_

COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_,  
who personally appeared before me, 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.

NOTARY PUBLIC \_\_\_\_\_ My commission will expire: \_\_\_\_\_

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