



SOUTH CAROLINA AREA 50 ALATEEN EVENT PARTICIPATION FORM

Alateen members, as part of the Al-Anon program, actively participate in both Al-Anon/Alateen and Alateen programs and events. This participation encourages growth in their own recovery and provides opportunities for fellowship with other Alateen and Al-Anon members. Although there will be some time for fun included, the primary purpose of this function is the sharing of experience, strength, and hope with other Alateens and Al-Anons in order to learn how to use the Al-Anon/Alateen program to improve their lives.

NO ALATEEN WILL BE ALLOWED TO PARTICIPATE IN ANY EVENT/PROGRAM OR BE PROVIDED WITH TRANSPORTATION WITHOUT COMPLETION OF THIS FORM.

ALATEEN AMIAS/SPONSORS: Al-Anon Members Involved in Alateen Service (AMIAS) will complete the Event Information Section, and forward to guardian. Once completed, they will keep the original signed copy of this form in their possession for the duration of the time the Alateen member is in their charge.

PARENT(S)/GUARDIAN(S): Please read, complete, and sign this form. Make a copy to keep for your records. The original copy must be submitted to the Alateen AMIAS/Sponsor.

ALATEENS: After completing signatures, please return this completed form to your Alateen AMIAS/Sponsor.

INFORMATION AND PERMISSION FORM

NOTE: This Form must be filled out in its ENTIRETY in order for the Alateen Member to participate.

EVENT INFORMATION

Name of Event: [] Dates: []
Location of Event: []
Physical Address: []
City: [], State/ Zip Code: []
Phone Number of Location: ([]) []
Date & Time & Place of Departure: []
Date & Time & Place of Return: []

ALATEEN MEMBER'S INFORMATION

First and Last Name: []
Address: []
City: [], State/ Zip Code: []
Home or Cell Phone (Mark which) ([]) []
Date of Birth: []

PRIMARY AMIAS/SPONSOR/ESCORT INFORMATION (or see Driver Exception Addendum)

First and Last Name: []
Address: []
City: [], State/ Zip Code: []
Cell Phone Number: ([]) []
Mode of Transportation : []
(include make, model, year of vehicle & license plate number and state issued whenever possible)

(If additional AMIAS/Sponsors are needed, they must attach the above information to this form.)

AMIAS Initial _____ Parent/Guardian Initial _____ Alateen Initial _____

South Carolina Area 50 Safety and Behavioral Requirements for Alateen

CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name & Relationship
Physical Address:
City: , State/ Zip Code:
Phone (Mark which) Home/Cell () Work ()
During this event, I can be reached at:

NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

First, Last Name & Relationship:
Physical Address:
City: , State/ Zip Code:
Phone (Mark which) Home/Cell () Work ()

GUARDIAN PERMISSION

I hereby give (Alateen member name) my permission to attend the events/programs written in the Event Information Section of this form. I fully understand that they will be traveling to and from this event/program and attending at their own risk. **I further hold harmless the events/programs attended by my child, South Carolina-Area 50 Al-Anon, any South Carolina-Area 50 AMIAS/SPONSORS, and/or the Alateen AMIAS/Sponsor should any harm come to my child as a result of his/her participation in these programs/events or in the procurement of medical treatment.**

** _____ / /
(Parent/Guardian Signature) (Print Name) (Date Signed)

PERMISSION TO PARTICIPATE IN WATER SPORTS/ACTIVITIES:

My child **Can** / **Can NOT** participate in the following water sports/activities as part of the event/program they will be attending:

(Description of water related activities)

** _____ / /
(Parent/Guardian Signature) (Print Name) (Date Signed)

AMIAS Initial _____

Parent/Guardian Initial _____

Alateen Initial _____

South Carolina Area 50 Safety and Behavioral Requirements for Alateen ALATEEN AND AMIAS/SPONSOR PARTICIPATION REQUIREMENTS

All Al-Anon Members In Alateen Service (AMIAS)/Sponsors, must be certified by the South Carolina-Area 50 Alateen Process. Alateens and their parents/guardians should read and discuss the following Safety and Behavior Requirements. Signatures (and initials on each page) by the Alateen, Parent/Guardian and Alateen AMIAS/Sponsor, required to confirm that the Safety and Behavior Requirements were read and understood.

SC AREA 50 Alateen Safety and Behavioral Requirements

1. No Alateen AMIAS/Sponsor will be allowed to accompany more than seven (7) Alateen Members to a program/event.
2. Alateens should arrive and leave as a group, with their AMIAS/Sponsors.
3. AMIAS/Sponsors should have knowledge of their Alateens whereabouts at all times.
4. "Participation is the key to harmony". Alateens must stay with their group, in program meetings, workshops, activities and in other designated areas. Alateens will show the respect and courtesy to others that you wish to be shown.
5. All Alateens, Alateen AMIAS/Sponsors are responsible for their own behavior, remembering that what they do reflects on their group and the name of Al-Anon/Alateen. **Alateens who are legally adults agree to abide by the same requirements as minor Alateens when they attend Alateen meetings and events.**
6. Overt or covert sexual interaction between an Adult AMIAS/Sponsor/ and an Alateen, between Alateens and between any adults is prohibited.
7. Any Alateen who displays destructive, harmful, or inappropriate behavior towards other Alateens, Alateen AMIAS/Sponsors and others in meetings or any other Al-Anon/Alateen event or activity, will be asked to leave the Alateen group, event, and/or activity. The parents/guardians will be notified to immediately come and pick-up their child.
8. Possession of alcohol, drugs, and/or weapons is strictly prohibited.
9. Federal law states you must be over 21 to smoke; therefore, if you smoke, you do so at your own risk. South Carolina Area 50 Al-Anon and Alateen AMIAS/Sponsors are not responsible for these actions. Any behavior contrary to any Federal or South Carolina law is prohibited.
10. Alateen AMIAS/Sponsors will obtain a completed **South Carolina Area 50 Alateen Event Participation Form** prior to providing transportation to meetings or any Al-Anon/Alateen related program/event where these forms are not included as part of the Alateen participation packet for the program/event.
11. No Alateen will be allowed to participate in any event/program or be provided with transportation without first submitting the completed **South Carolina Area 50 Alateen Event Participation Form** to the AMIAS/Sponsor.
12. Alateens may request time for individual discussion with an Alateen AMIAS/Sponsor. Such discussions should take place during the regular Alateen meeting in the meeting room or area where an AMIAS is present.

Alateen: I have read and agree to abide by the Safety and Behavior Requirements for participating in this program/event. I agree that I am responsible for my actions while attending this program/event and while traveling with the Alateen AMIAS/Sponsor and Alateen Group.

** _____ / /
 (Alateen Member Signature) (Print Name) (Date Signed)

Parent(s)/Guardian(s): I have read and understand the Participation, Safety and Behavior Requirements in order for my child to participate in these programs/events. I understand that, if at any point my child is requested to leave due to any violation, I will be responsible for immediately picking my child up from the program/event.

** _____ / /
 (Parent/Guardian Signature) (Print Name) (Date Signed)

Alateen AMIAS/Sponsor: I have read and agree to abide by the Participation, Safety and Behavior Requirements for participating in these programs/events.

** _____ / /
 (Primary Alateen AMIAS/Sponsor Signature) (Print Name) (Date Signed)

_____ / /
 (Alternate Alateen AMIAS/Sponsor Signature) (Print Name) (Date Signed)

(If additional AMIAS/Sponsors are needed, they must attach the above information to this form.)

AMIAS Initial _____

Parent/Guardian Initial _____

Alateen Initial _____

South Carolina Area 50 Safety and Behavioral Requirements for Alateen

ALATEEN MEDICAL INFORMATION

Person to call in an emergency: []

Phone number(s): () []

Relationship to Alateen member: []

Hospitalization/Insurance Company Name: []

Policy Number: []

Doctor's Name: []

Doctor's Phone Number: () []

Do you have a medical condition(s) or allergies? None (or Explain): _____

[]
[]
[]

MEDICATION(s): None or list: _____

[]
[]
[]

NOTE: All medications MUST be in their original containers, with directions for administration. Alateens should be familiar with how to take their own medication, since no RN's, infirmary, or other designated health care providers are available at this event and only trained health care providers can legally administer medications. However, with the exception of rescue inhalers, an AMIAS/Sponsor must maintain possession of all medications throughout the event (including transportation) and must supervise Alateens when taking their medications.

PARENT/GUARDIAN - MEDICAL CONSENT AND FINANCIAL RESPONSIBILITY STATEMENT:

I hereby grant permission for (Alateen Member FULL NAME) [] to receive medical treatment from EMS, a licensed healthcare professional, and/or hospital. As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf.

** _____ / [] / []
(Parent/Guardian Signature) (Print Name) (Date Signed)

Check the Addendum that will be attached:

- List of alternate AMIAS who may be supporting event.
- Driver Exception Form and Requirements
- Other (Specify) _____

AMIAS Initial _____

Parent/Guardian Initial _____

Alateen Initial _____