

South Carolina Area 50 Safety and Behavioral Requirements for Alateen  
**Important information about Alateen events:**

**South Carolina Alateen Convention:**

**Agreement for Alateen Participation in SC State Conference (page 1 of 2)**

The **47th** annual SCAC provides us with new ways to apply the principles of the program so that we may enhance our personal recovery and enjoy our program fellowship. Alateens, in particular, have the opportunity to experience this during Conference by participating in it. The purpose of this form is to provide information specifically pertaining to SCAC so that Alateens have the opportunity to have the best experience possible.

**Registration Process:** *The South Carolina Alateen program wants to provide the safest environment possible for the Alateens attending the SCAC.* **Therefore, prior to arrival, parents must complete Alateen forms, deliver these to the AMIAS, for use during the Conference. These forms must be presented at the**

**Conference registration desk upon arrival.** Alateen participation will require completion of the following Alateen Registration Process (3 steps):

1. **Agreement for Alateen Participation in SCAC** (see page 2)

2. **Conference Registration Form**

3. **SC Alateen Event Participation Form** (dated 4 Jan 2023)

- For Alateens attending the entire weekend, Group Sponsors will provide an original copy of all the above signed forms, along with the Alateen registration fee (or scholarship), to the SCAC registration table. Parents/Guardians should keep a copy of these forms for themselves. For Alateens only attending Saturday, parents/guardians will provide items 1 & 2 (above) at the registration desk.

**Cabins:** Everyone attending for the entire weekend will be staying in cabins with bunk beds. There will be female and male cabins, with the respective same sex sponsor(s) for each. Attendees are responsible for bringing either a sleeping bag, bedding for a single bunk bed, and all their personal hygiene requirements. (See suggested Things to Bring sheet with registration form). Each night, there will be a curfew from 12:30pm – 6:00am the next morning. Curfew means, you must be in and remain in the cabin with the AMIAS/Sponsor(s) for that cabin.

**Meals:** Participants will be provided meals, starting with dinner on Friday, through lunch on Sunday. An approximate meal schedule is below.

- Friday dinner 6:00 pm – 7:00 pm
- Saturday breakfast 8:00 am – 9:00 am
- Saturday lunch 12:00 pm – 1:00 pm
- Saturday dinner 6:00 pm – 7:00 pm
- Sunday breakfast 8:00 am - 9:00 pm
- Sunday lunch 12:00 pm- 1:00 pm

**Activities:** All Alateens are encouraged to participate in all of the many activities that are being planned. A reminder, for each activity, there must be an AMIAS/Sponsor with the group activity. Alateens are **not permitted** to go “**off on their own**” and do things. Their safety is paramount, so therefore, a certified AMIAS adult must accompany the Alateens for each activity.

**Pool Time:** Each Alateen must have parent permission, on their Event Form, in order to participate in the pool activities. Pool time is an activity, so everything in the previous paragraph applies. By signing this form, an Alateen agrees to the start/stop times for Pool Time on the SCAC agenda.

**Smoking:** Camp Kinard will not permit smoking by underage people (under 21) and they strongly discourage any smoking on the property, under direction of the local Fire Marshal. This applies to both Alateens and AMIAS.

**Questions?** Send a text message to AAC: **Name: Shawn Short Phone #: (843) 696-2804**

**Emergency contact information for AMIAS on site during the weekend will be provided at registration.**

**South Carolina Area 50 Safety and Behavioral Requirements for Alateen  
Agreement for Alateen Participation in SCAC (page 2 of 2)**

**1) Alateen Age Limits: 11 years – 19 years**

- a. All members over the age of 19 are encouraged to participate in the Saturday Al-Anon program.
- b. Younger members below 11 years of age, who are currently attending Alateen meetings, may participate in the conference as an Alateen member upon the discretion of their Group Sponsor, provided that the Sponsor vouches for the maturity level of the Alateen and signs their forms to verify their Alateen group membership.
- c. **For group unity and safety, members in their teen years who are legally adults agree to abide by the same requirements as minor Alateens, when they attend Alateen meetings and events.**

**2) Adult(s) Responsible for Alateens:** All Alateens planning to attend Conference for the entire weekend Must stay in the same cabin as an AMIAS/Sponsor and must be accompanied by an AMIAS/Sponsor at all times during SCAC. This includes all speaker meetings, workshops, meals, and scheduled conference Alateen free time activities on Friday/Saturday afternoon. In other words, **No Free Roaming Alateens.**

- a. All Alateens attending SCAC with their parents/guardians also in attendance: Group Sponsors/AMIAS will be assigned duties to supervise Alateen activities. By signing this form, and Alateen agrees to follow the directions provided by those Sponsor(s)/AMIAS(s) in charge of the event. If an Alateen is only there for Saturday, then they must participate in all of the scheduled events, and their parents will be responsible for them.
- b. All Alateens attending SCAC for the full three days will not be allowed to leave the property until the conclusion of the Conference on Sunday. Those attending Saturday only, will leave with their parents/sponsor by 5pm.
- c. Alateens who drive to the conference will turn over their keys at the registration desk, which will be secured by an AMIAS until Sunday morning.

**3) Participation:**

- a. Program meetings and activities: All Alateens attending are expected to **attend/participate in all scheduled events.** You must have AMIAS approval and supervision for exceptions to this.
- b. Group Meals: All Alateens attending SCAC, are expected to be present in the dining hall for each meal provided, regardless of whether they plan to eat or not.
- c. Any Alateen who becomes ill, must notify their AMIAS immediately. An AMIAS will be assigned to stay with them, until either the issue goes away, or until they can go home.

**4) Violations Resulting in Dismissal from Conference/Alateen Activities will require that your parent/guardian be contacted to pick up you from the conference:**

- a. **Inappropriate behaviors to include, but not limited to area:** Violent, harmful, or destructive behavior, possession/use of weapons, possession/use of cigarettes, alcohol, illegal drugs, or inappropriate use/sharing of prescription drugs, leaving the Conference property (or boundaries established within the property), breaking curfew, not staying with the Group Sponsor/AMIAS, damaging property, or other types of vandalism.
- b. **Consequences:** Engaging in the above behaviors will be subject to an eligibility review before attendance to any future Al-Anon/Alateen Events. The review committee will consist of the AAC, the Alateen State Representative (an Alateen member elected by Alateens so serve as a liaison to the Area) and the Alateens Group Sponsor. If attending with a Group Sponsor/AMIAS, your parent will be contacted to come and pick you up from the Conference.

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I have read and agree to abide by this Agreement for Alateen Participation in SCAC.

	/		/
<b>Alateen Member Signature</b>		<b>Printed Name of Alateen</b>	<b>Date Signed</b>

I have read this Agreement for Alateen Participation in SCAC. I understand that, if at any point my child is requested to leave due to any violation, I will be responsible for immediately picking up my child.

	/		/
<b>Parent/Guardian Signature</b>		<b>Printed Name of Parent/Guardian</b>	<b>Date Signed</b>

# South Carolina Area 50 Safety and Behavioral Requirements for Alateen



## 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 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 \_\_\_\_\_**

**CUSTODIAL PARENT/GUARDIAN INFORMATION**

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

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: \_\_\_\_\_

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) \_\_\_\_\_

South Carolina Area 50 Safety and Behavioral Requirements for Alateen

**South Carolina Alateen Driver Permission/Exception Addendum**

*South Carolina Alateen Event Participation Form - Addendum (1)*

Name of other Driver and Vehicle Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Alateen Name and Address: \_\_\_\_\_

Event Name, Date and Location: \_\_\_\_\_

Date, Time and Place of Departure: \_\_\_\_\_

Date, Time and Place of Return: \_\_\_\_\_

**Parent/Guardian Consent**

I  (print name) hereby grant consent for the above named **Alateen to drive to and from the above event** in their own vehicle or one provided by parent/guardian. I certify that the vehicle being used and the teen driving is covered by the appropriate auto liability insurance. I also understand that no other adults will be riding in the vehicle.

Vehicle Make, Model, License Number: \_\_\_\_\_

**For other Alateens to ride with him/her (Driver):**

Please check the appropriate space if the parent/guardian grants consent or does not grant consent for the **Alateen to have other Alateens ride with him/her**. YES \_\_\_\_\_ NO \_\_\_\_\_

**For Alateen to ride with other Alateens (Passenger):**

Please check the appropriate space if the parent/guardian **grants or does not grant consent for the Alateen to ride with other Alateens** who have been granted parental/guardian permission to drive to and from the event. YES \_\_\_ NO \_\_\_\_\_

South Carolina Area 50 Safety and Behavioral Requirements for Alateen

Alternate AMIAS Addendum

**South Carolina Alateen Event Participation Form - Addendum (2)**

**ALATEEN MEMBER'S INFORMATION**

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

**ALTERNATE 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)*

**ALTERNATE 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)*

**ALTERNATE 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)*

**ALTERNATE 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)*



South Carolina Area 50 Safety and Behavioral Requirements for Alateen  
Parental Permission form for State Alateen Representative

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**Dear Parent,**

**By signing this form you are giving your child permission to perform all of these Duties for the year starting January 1<sup>st</sup> 2024 to December 31<sup>st</sup> 2025.**

**AREA ALATEEN REPRESENTATIVE**

- Serves a one year term, but is eligible to serve a total of three years if elected annually by the voting body of peers.
- Elected in July at the Alateen Conference with term to begin January 1<sup>st</sup> of the following year.
- Serves as a liaison between the Alateen Groups and the Area World Service Committee.
- Attends and submits written reports at the Area World Service Committee.
- Attends and submits written reports at the Area Assembly.
- Serves on the Alateen Conference planning committee.
- Writes an article for The Reflector.
- Works with the Area Alateen Coordinator to foster awareness of Alateen needs and desires.
- Encourages Alateen sponsorship in accordance with Area Safety and Behavior Guidelines.
- Encourages the election of an Alternate Area Alateen Representative.
- Receives reimbursement personally if they drove; otherwise eligibility for reimbursement goes to the driver.
- Serve as a liaison for Alateen serving on the Convention Planning Committee.
- At the end of your term, turn over all equipment, records, files, supplies and assist with successor in any way possible.
- Initiate transition training for the incoming Representative. Training should include a checklist of duties and responsibilities. Orientation should include a briefing of ongoing unfinished business as well as current area business of the AWSC and Area Assembly. Upon completion provide a signed copy of the checklist to the incoming Area Chairman
- If elected as Alternate, completes the term of an Area Alateen Representative who is unable to serve.

I have read and agree to serve in this position for Alateen in SC Area 50 for one year.

\_\_\_\_\_  
**Alateen Member Signature**                      **Printed Name of Alateen / Date Signed**

I have read this Agreement and give permission for my child to participate in this Alateen position in SC Area 50 for one year.

\_\_\_\_\_  
• **Parent Guardian / Signature**                      **Printed Name of Parent/Guardian / Date Signed**