

NC / BERMUDA CONVENTION

ALATEEN AND AMIAS REGISTRATION PACKET

Welcome to the NC / Bermuda Al-Anon / Alateen Convention! We hope you have a wonderful weekend of recovery. We have made every effort to create a welcoming, supportive, and safe environment for everyone. We ask that you please encourage other Alateens and AMIAS to attend.

We are continually looking for ways to make our Convention better, so, your comments and suggestions for improvement are always welcome.

Here's a quick checklist of what you need to know about registering for the convention:

- ✓ All Alateens and accompanying-AMIAS must pre-register by Feb, 15th, 2019.
- ✓ All Alateens and accompanying-AMIAS must completely fill out and send in the convention registration forms.
- ✓ For Alateens, both the Registration form and the Medical Information and Travel Authorization form must be signed by a parent / legal guardian.
- ✓ Two copies of the NC or Bermuda Medical Information and Travel Authorization form are required: one will remain with the Alateen's sponsor / legal guardian and one will be mailed in with the registration form.
- ✓ AMIAS are to review the NC / Bermuda Al-Anon / Alateen Convention Safety and Behavioral Policies with attending Alateens prior to the convention.
- ✓ AMIAS are to review the NC / Bermuda Al-Anon / Alateen Convention Safety and Behavioral Procedures prior to the convention.
- ✓ A separate Alateen Registration area will be set up. All Al-Anon members assisting with registration will be trained to ensure a smooth registration process experience.
- ✓ There will be an Alateen-specific meeting on Friday evening to review details of the convention that affect Alateen. The meeting time and room will be on a special notice in your registration packet.
- ✓ An Alateen may register on-site only if accompanying parent / legal guardian remains at the Convention for the same duration as the Alateen. If the Alateen wishes to attend any Alateen-specific meeting or activity without their parent / legal guardian, the Alateen must understand and agree to abide by the Convention's Alateen policies and procedures including arranging for an AMIAS prior to arrival at Convention.

Thanks for doing your part to help make this convention the best one ever. Please bring your "A" game, so that everyone can enjoy the love and fellowship this weekend offers.

If you have any questions about the Convention or registration packet, feel free to contact Connie Cowell, Area Alateen Coordinator, at alateen@ncbermudaafg.org.

NC / BERMUDA CONVENTION ALATEEN REGISTRATION FORM

(Must be completed by EVERY Alateen attending Convention.)

SECTION A: ALATEEN INFORMATION

Name: First _____ Last _____
Age _____ Sex _____ Name on badge _____
Home Address _____
City _____ State / Province _____ Zip _____
Phone numbers (Home) _____ (Cell) _____

SECTION B: ALATEEN GROUP INFORMATION

Alateen Group Name _____
City _____ State / Province _____

SECTION C: TRANSPORTATION: (Person transporting you to and from Convention)

Name: First _____ Last _____
Phone numbers (Home) _____ (Cell) _____
Driver's relationship to you (Check all that apply): Parent / Guardian _____ AMIAS _____ Self _____

SECTION D: FOR PARENT/GUARDIAN (If transporting Alateen to Convention):

Check one:

___ I am staying for the entire Convention and my child will be under my care at all times.

___ I am leaving my child in the care of (AMIAS Name) _____ for all/part of the Convention. If registering your child on site please be sure to complete the "NORTH CAROLINA ALATEEN MEDICAL INFORMATION AND TRAVEL AUTHORIZATION FORM" and leave at the Alateen registration desk.

SECTION E: ABOUT YOUR ALATEEN SPONSOR OR ASSISTING AMIAS

Your certified AMIAS / Sponsor for the weekend must be same sex as you. If you cannot arrange for a Sponsor / AMIAS of the same gender, please contact the Area Alateen Coordinator at areaalateen@gmail.com so that one can be assigned to sponsor you for the Convention.

AMIAS Name: First _____ Last _____
Phone numbers (Home) _____ (Cell) _____

SECTION F: OTHER IMPORTANT STUFF

For Alateen:

I have read the NC/Bermuda Al-Anon/Alateen Safety and Behavioral Policies and agree to abide by them during this event. Initial here _____

Will you be attending the Alateen Pizza Party on Saturday night? Yes _____ No _____

For Parent / Guardian:

I authorize my child to attend the NC / Bermuda Al-Anon / Alateen Convention being held Feb. 22nd - Feb. 24th, 2019.

Parent / Legal Guardian (print): First _____ Last _____
Parent / Legal Guardian (sign): _____ Date _____

REMINDER: Please Mail a Copy of Your NC or Bermuda Medical and Travel Authorization Form

Make Check Payable to: NC / Bermuda AFG Convention
Mail Registration form, payment and the Medical/Travel form to: 5101 Fairoaks Road
Durham, NC 27712

Early Bird Cut-off: February 15, 2019

**Early bird Registration Fee: Alateen \$5.00
AMIAS: \$30.00**

**Onsite Registration Fee: Alateen \$10.00
AMIAS: \$40.00**

**NORTH CAROLINA ALATEEN MEDICAL INFORMATION AND
TRAVEL AUTHORIZATION FORM**

Name _____ Date of Birth _____

Address _____

Emergency Contact Telephone Number(s)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Event/Location _____

Known Medical Conditions / Allergies (Food/Drug/Environmental): _____

Current Medications (Prescriptions and over the counter): _____

Physician _____ Phone # _____

Primary Insurance Carrier _____

Policy Number _____ Group # _____

(optional if Social Security number)

I do hereby authorize _____ to transport _____
(Driver) (Alateen member name)

to, and from, _____, and to
participate in aforementioned event under the supervision of _____
(Sponsor / Escort name)

on _____ (date or range of dates for event or meeting
including travel time). By signing below, I agree that I am responsible for payment of any medical services
required and obtained on said member's behalf. I further release and hold harmless Al- Anon service entities,
including but not limited to the event/meeting, North Carolina, District _____ (District #),
_____ (Group Name and WSO ID number) or authorized
representative thereof or _____ (Sponsor/Escort), should any harm come to
my _____ (state relationship) as a result of his/her/my participation in this
activity or procurement of medical treatment.

Authorized signature: (legal guardian or self if 18 or 19 years old): _____

Printed name of authorizing signature: _____

Date: _____

Any changes and/or additions to form must be initialed by signer.