

THE 27TH ANNUAL TENNESSEE AREA 52 CONVENTION WITH AA & ALATEEN PARTICIPATION
REACHING OUT FOR MORE IN '24!

AUGUST 16TH – 18TH 2024 MANCHESTER, TN

EARLY BIRD MAIL-IN REGISTRATION FORM (UP TO AUG 1)

The convention will take place at the **Manchester Coffee County Conference Center** at 147 Hospitality Blvd, Manchester, TN 37355.

In Person Attendance: The base ticket price for in-person attendance is \$35. The convention site requires meal service for attendees each day. Each meal is \$16 (tax included) which attendees will hopefully find reasonable and comparable to eating off site. Attendees must pay for a meal for each day they will be at the convention.

In Person Attendance		
Ticket + Meal Prices	Early (before 8/1)	Late (after 8/1)
1 day, 1 meal (\$35+16)	\$51	\$61
2 days, 2 meals (\$35+32)	\$67	\$77
3 days, 3 meals (\$35+48)	\$83	\$93

Menu
<i>Vegetarian options available</i>
Friday Dinner: Taco bar
Saturday Dinner: Pasta bar
Sunday: Brunch

Zoom: Zoom tickets are \$20 and are for the full conference.

ALATEEN INFORMATION:

Name:

Address:

City:

State:

Zip:

Phone #:

Email (required for zoom registration):

ACCOMPANYING ADULT INFORMATION:

Alateens must be accompanied by an adult- a parent, guardian, or AMIAS- to attend the convention.
The adult must complete a standard convention registration in addition to filling out this form.

Is this alateen attending with a: Parent/Guardian AMIAS

If the alateen is attending with an AMIAS, the AMIAS *must* complete and submit the additional forms that follow this registration form to tnalateenconventionchair@gmail.com and receive confirmation that the forms have been received before the alateen can register.

Parent/Guardian/AMIAS Name:

Relationship to Alateen:

Address:

City:

State:

Zip:

Phone #:

Email (required for zoom registration):

HOW WILL ALATEEN ATTEND:

IN PERSON: Friday Saturday Sunday

ZOOM:

1 DAY/1 Meal: \$51

2 DAYS/2 Meals \$67

3 DAYS/3 Meals: \$83

ZOOM \$20

Dietary Restrictions: Vegetarian

HOW TO COMPLETE REGISTRATION:

Please make checks payable to **TN Area 52 AFG**

Please send payment and form to: **TN Area AFG (2024 Convention), 7115 South Park Pkwy, PMB #137, Brentwood, TN 37027**

HOTEL INFORMATION

Holiday Inn Express Manchester 931-728-9383

Please call and ask for Friends of Lois rate: \$136.56 (tax included). Block code: S-O-L. Reserve before July 16, 2024.

Comfort Suites Manchester 931-228-8393

Please call and ask for Friends of Lois rate \$134.81 (tax included). Reserve before Aug. 2, 2024.

*The Convention Committee has a set in-person attendance goal of 125 people and fundraising goal of \$5000 to cover the costs of the convention. **Please consider making a contribution if you can or asking your group to make a contribution to help cover these costs. Please put "24 Convention" in the notes for online donations. Thank you!***

FORM A: INFORMATION AND PERMISSION FORM

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*Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.***THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE**

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMAIAS ESCORT: Keep the original copy of this form in your possession for the duration of time the Alateen member is in your charge.

ALATEEN MEMBER'S INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: () _____

Date of Birth: _____

SPONSOR/ADULT ESCORT INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: () _____

EVENT INFORMATION

Name of Event: _____

Location of Event: _____

Address of Location: _____

Phone Number of Location: () _____

Date & Time & Place of Departure: _____

Date & Time & Place of Return: _____

Mode of Transportation : _____

(include make, model, year of vehicle & license plate number)

FORM A: INFORMATION AND PERMISSION FORM

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Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: Home () _____ Work () _____

During this event, I can be reached at: () _____

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

First, Last Name & Relationship: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: Home () _____ Work () _____

HOLD HARMLESS STATEMENT

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. I further hold harmless the event attended by my child and

(insert name and WSO registration number (if known) of group, district, Al-Anon Information Service office, and/or Area)

or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature: _____ Date: _____

PARENTAL PERMISSION (to be signed in the presence of the Sponsor/AMIAS escort)

I, _____ hereby grant permission to _____ to travel to and

(Parent/Guardian Name) (Alateen member name)

from and to participate in _____ under the supervision of

(Event Name)

_____ on _____

(Sponsor/AMIAS escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature: _____ Date: _____

POWER OF ATTORNEY FOR CARE OF A MINOR CHILD
TN AREA 52 AL-ANON/ALATEEN (HEREIN "ALATEEN")

Use of this form is authorized by T.C.A. § 34-6-301 et seq. Completion of this form, along with the proper signatures, is sufficient to authorize medical treatment. *Please print clearly.*

Part I: To be filled out and/or initialed by parent(s)/legal guardian(s).

1. Minor Child's Name _____

2. Mother/Legal Guardian's Name & Address _____

3. Father/Legal Guardian's Name & Address _____

4. Caregiver's Name & Address
(Alateen Sponsor) _____

5. Both parents are living, have legal custody of the minor child and have signed this document;

OR

One parent is deceased;

OR

One parent has legal custody of the minor child and both parents have signed this document and consent to the appointment of the caregiver;

OR

One parent has legal custody of the minor child, and has sent by Certified Mail, Return Receipt requested, to the other parent at last known address, a copy of this document and a notice of the provisions in § 34-6-305; or the non-custodial parent has not consented to the appointment and consent cannot be obtained because

6. Temporary care-giving authority regarding the minor child is being given to the caregiver because of the absence of the minor child from the control of his parent(s) at the following Alateen event:

(Describe Event)

7. () I/We the undersigned, authorize the named caregiver to do one or more of the following:
- () enroll the child in an Alateen event,
 - () obtain medical, dental, and mental health treatment for the child, and
 - () provide for the child's food, lodging, housing, recreation and travel in connection with the Alateen event.
8. () I/We understand that this document does not provide legal custody to the caregiver. If at any time I/we disagree with a decision of the named caregiver or choose to make any healthcare or educational decisions for my/our child, I/we must revoke the power of attorney, in writing, and provide written documentation to the health care provider.
9. () I/We understand that this document may be terminated in another written document signed by either parent with legal custody or by any order of a court with competent jurisdiction.
10. **Notwithstanding the provisions of Paragraphs 8 and 9, this Power is automatically revoked upon the return of the child to the child's primary residence from the event described in Paragraph 6.**

Part II: To be initialed by caregiver.

10. () I understand that this document, properly executed, gives me the right to enroll the minor child in the event described in Paragraph 6.
11. () I understand that this document does not provide me with legal custody.
12. () I understand that, except where limited by federal law, I shall be assigned the rights, duties, and responsibilities that would otherwise be assigned to the parent, legal guardian or legal custodian pursuant to Tennessee Code Annotated Title 49.

I/We declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

STATE OF _____)
COUNTY OF _____)

Date: _____

Mother/Legal Guardian

The Mother/Legal Guardian, _____, personally appeared before me this _____ day of _____, 20__.

NOTARY PUBLIC

My commission expires:

STATE OF _____)
COUNTY OF _____)

Date: _____

Father/Legal Guardian

The Father/Legal Guardian, _____, personally appeared before me this _____ day of _____, 20__.

NOTARY PUBLIC

My commission expires:

STATE OF _____)
COUNTY OF _____)

Date: _____

Caregiver

The Caregiver/ _____, personally appeared before me this _____ day of _____, 20__.

NOTARY PUBLIC

My commission expires:

PARENT/GUARDIAN PERMISSION FORM FOR

TN AREA 52 AL-ANON/ALATEEN ("ALATEEN") SPONSORED EVENT

Dear Parent or Legal Guardian:

Your child is eligible to participate in an ALATEEN sponsored activity requiring transportation to and from his or her place of residence. This activity will take place under the guidance and supervision of your child's Alateen Sponsor. A brief description of the activity follows:

Event (Describe including Destination):

Sponsor: _____

Dates and times:

[Please fill out the following:]

I am the parent or legal guardian of _____ and hereby request that my child be allowed to participate in the event described above.

I understand that participation in an activity could involve risk of physical injury, illness, or property loss, and that despite safety precautions neither Alateen nor the Sponsor can guarantee safety as all risks cannot be prevented. In consideration of the opportunity afforded by this event, I assume any risk that may arise from my child's transportation to, participation in, and transportation from this event, and individually and as parent/guardian of my child hereby release, discharge, agree to indemnify and hold harmless Alateen and the Sponsor from all form and manner of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

NAME of PARENT/GUARDIAN (please print)

SIGNATURE of PARENT/GUARDIAN

DATE

Mother's Cell Phone #: _____ Father's Cell Phone #: _____