



**THE 27TH ANNUAL TN AREA ALATEEN / ALATEEN CONVENTION with AA Participation
REACHING OUT MORE IN '24**

AUGUST 16TH – 18TH, 2024 MANCHESTER, TN

ALATEEN MAIL-IN REGISTRATION FORM

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

In Person Attendance:

The convention site requires meal service for attendees each day, which is included in the price.

In Person Attendance		
Ticket with 1 Meal/day	Early (before 8/1)	Late (after 8/1)
1 Day	\$51	\$61
2 Days	\$67	\$77
3 Days	\$83	\$93

Menu	
Friday Dinner:	Taco bar
Saturday Dinner:	Pasta bar
Sunday:	Brunch

Special diet options available

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.

Alateen is accompanied by: 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 (pages 1-8) to tnalateenconventionchair@gmail.com and receive confirmation that the forms have been received before the Alateen can register.

If the Alateen is attending with a Parent/Guardian, just the first two pages need to be completed.

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

Dietary Restrictions: Vegetarian Other: _____

Any Food Allergies? If so, please list: _____

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**. Postmarked date is Registration Date.

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.

*Please consider making a contribution to help cover the costs of the convention using the payment information above.
Thank you!*

FORM A: INFORMATION AND PERMISSION FORM

page 1 of 2

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/AMAIS 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

page 2 of 2

*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 #: _____