

**WEST TEXAS AREA ALATEEN
PERMISSION TO ENGAGE IN A CONFERENCE TRIP**

PARENTS: Read, complete and SIGN this form.

ALATEENS: Return this COMPLETED form to your sponsor accompanying you to the

_____ (Name of function)

DATE: _____

To the parent/guardian/custodian of _____
(Name of Alateen)

Your daughter/son/ward wishes to participate in the _____
(Name of function)

This is not just a fun event. THE PRIMARY PURPOSE of the function is to share experience, strength and hope with other teenagers in order to gain knowledge and understanding of themselves and others through the Al-Anon/Alateen program.

Attached is a copy of the BEHAVIOR RULES AND PROCEDURES for this function. You and your teenager must sign it and it must be turned in with this form. Violations of these guidelines render the violator subject to the consequences, including being sent home.

PLACE OF FUNCTION: _____

STARTING TIME: _____

APPROXIMATE RETURN TIME: _____

MODE OF TRANSPORTATION: _____

SPONSOR(S) IN CHARGE: _____

I agree that the above sponsor(s) is in charge and will at all times make decisions for the best interest of all members of the group.

TOTAL FUNCTION FEE: _____

NAME OF PARENT/GUARDIAN/CUSTODIAN: _____

ADDRESS: _____

PHONE #: _____

NEAREST RELATIVES NAME (EMERGENCY CONTACT): _____

RELATIONSHIP: _____ PHONE #: _____

HOSPITAL/ACCIDENT INS: _____ YES _____ NO

INSURANCE COMPANY: _____

POLICY NUMBER: _____

I _____, hereby grant permission for _____
(Print parent/guardian/custodian name) (Print attendee's name)

to travel to and take part in the _____ under the
(name of function)

supervision of: _____
[print name of accompanying Sponsor(s)/Adult(s)]

Parent/Guardian/Custodian Signature: _____ Date: _____

AUTHORIZATION TO OBTAIN MEDICAL CARE

(Name of function)

I HEREBY AUTHORIZE _____ who is the
Sponsor of _____ to obtain any necessary
medical care for me/my child during the _____ weekend.

DATE OF BIRTH: _____

Circle any of the following diseases/problems if you have/have had any of them:

Heart Trouble	High Blood Pressure	Asthma
Hives	Low Blood Pressure	Tuberculosis
Liver Trouble (Hepatitis)	Fainting Spells or Seizures	Diabetes
Stomach Ulcers	OTHER (specify)	

Are you allergic to any foods, pollens or drugs?

Have you had a reaction to any of the following: (please circle)

Penicillin Sulfa Drugs Local Anesthetic Sedatives Aspirin

Do you have any condition, illness or problems not listed above that you think we should know about? Please explain:

List any prescriptions, pills or remedies that you will be carrying with you:

Dated this _____ Day of _____ 20_____

Signature of Parent/Guardian/Custodian if under 18 _____

Signature of participant if 18 or older: _____

BY SUBMITTING THIS FORM, YOU ARE IN AGREEMENT WITH THE FOLLOWING:

AUTHORIZATION AND RELEASE

The undersigned does hereby waive, release, hold harmless and indemnify the West Texas Certified Alateen Sponsors, their successors and assigns, and their agents, representatives and members from and against any and all damage, liability, claims, causes of action and demands that may in any way arise from the undersigned's participation in travel to and from an Alateen Event. Such waiver, release, holding harmless and indemnification being without limitation, whether such damage, liability, claim, cause of action or demand is due to or arises from the negligence of any person, whether or not compensated from the proceeds of insurance coverage. The undersigned acknowledges that participation is voluntary. This release shall inure to the benefit of and shall be binding on the heirs, successors and assigns of the parties hereto. If the program participant is under the age of eighteen (18) years, the parent or legal guardian of such child also executes this document and agrees and consents to the terms and provisions hereof.

Signature of participating Alateen _____ Date _____

Signature of Parent/Guardian/Custodian if under 18 _____