

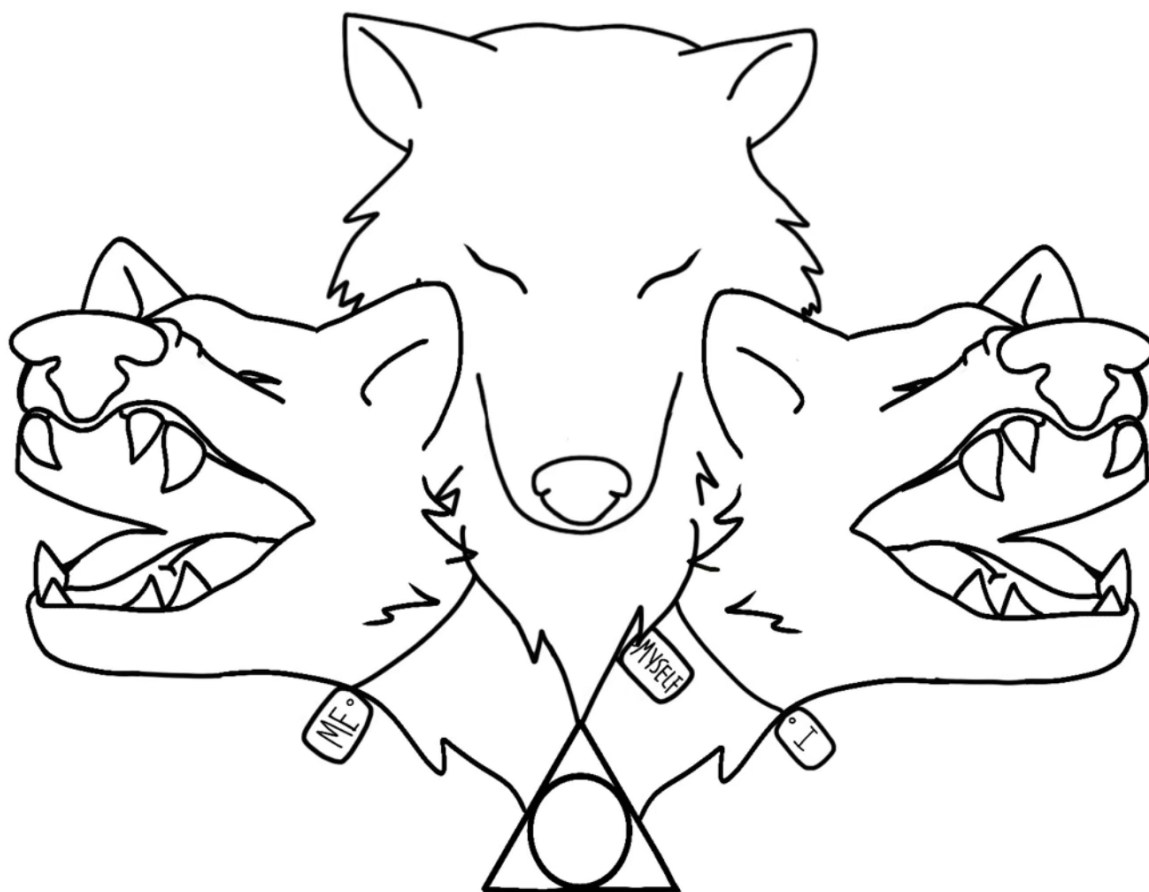
SOUTHERN CALIFORNIA ALATEEN CONFERENCE

(Pending Final Approval)

SCAC 2024

"ME, MYSELF, AND I"

-keeping the focus on ourselves-



Friday, July 12th- Sunday, July 14th
University of Redlands
1200 E Colton Ave, Redlands, CA, 92373
For more information, contact Tina N.
(626) 833-3519
northcutttina@gmail.com

2024
Southern California Alateen Conference
(Fondly referred to as SCAC)

What is it?

SCAC is an annual weekend conference for Alateen members to share their Experience, Strength and Hope with each other, and to learn, grow and have fun!

SCAC is “a safe and supportive opportunity for Alateen members in the Southern California Area to share experience, strength and hope, with other Alateens. SCAC is based on the Twelve Steps, the Twelve Traditions and the Twelve Concepts of the Al-Anon/Alateen Family Groups. The conference is known to be very effective in increasing the growth and stability of Alateen members and Alateen groups throughout Southern California.” From **Section 1.2: Purpose** of the SCAC By-Laws, voted on at the **October 2021 Special Assembly of Southern California World Service**.

- Only Alateen members and certified AMIAS chaperones may attend SCAC.
- To attend, Alateen members must 12 to 18 years old. In addition, they must attend an Alateen meeting before they register, and must have the Alateen Group Sponsor sign the registration form.
- Transportation to and from SCAC may be by private vehicle or arranged through your local Al-Anon District.
- Scholarships may also be available through your District. If your District does not have a scholarship fund and you need assistance to attend the conference, contact the Area Alateen Sponsor Coordinator listed below. SCAC is open to any Alateen member regardless of ability to pay.
- Carefully read through this entire registration packet and follow the directions

Questions?

Regarding the SCAC event, contact the SCAC AMIAS Chairperson, Tina N 626-833-3519 or by email at scac.scws@gmail.com.

Regarding the SCAC Scholarships, contact the SCAC AMIAS Treasurer, Bear W. 805-766-7401 or by email at scac.scws@gmail.com.

COPY OR PRINT FORMS SINGLE SIDED ONLY

2024 Southern California Alateen Conference

Email completed forms to:

scac.scws@gmail.com

or

Mail completed forms to:

SCAC Registration

PO Box 7467

Ventura, CA 93004

Remember: Alateen Registrations must include the name of your Alateen Group and the name of the Group Sponsor.

SCAC Registration Form: Event - July 12th 5PM to July 14th 3PM, 2024

Please print as clearly as possible - Use BLACK or BLUE ink only!

Check One and fill in the blank line:

| | | | |
|--------------------------|---|--------------|--|
| <input type="checkbox"/> | Alateen (12 to 18 yrs) <i>(Must be current Alateen member)</i> | \$170 | Home Meeting: (Name, Day, Time, City): _____ |
| <input type="checkbox"/> | Certified AMIAS | \$170 | District: _____ |

Check One:

Gender - At Birth

Male

Female

Check One:

Gender - Identity

Male

Female

Other

Room Request (Optional) - Room with: _____

(Roommate request must be agreed upon by both parties)

Make checks payable to: SCAC

Mail full payment & registration packet to:

Group Sponsor/AMIAS signature required:

| |
|---|
| SCAC Registration PO Box 7467 Ventura, CA 93006 |
|---|

| | |
|---------------------------|-------------|
| Print Sponsor Name: _____ | |
| Sponsor Signature: _____ | Date: _____ |

Scholarship requests should be submitted directly to your District - See attached form

* DR contact info can be found at www.scws-al-anon.org (click on District Meetings).

Registrations must be received no later than May 19th, 2024

There are **NO** on-site registrations!

Alateen Name on Badge:

| | | |
|--------------------|--|-----------|
| First Name (Legal) | | Last Name |
|--------------------|--|-----------|

| | |
|-----|--|
| Age | |
|-----|--|

| | |
|--|-------------------|
| | (at time of SCAC) |
|--|-------------------|

Street Address:

| |
|--|
| |
|--|

City

State

Zip Code

| | | |
|--|--|--|
| | | |
|--|--|--|

AMIAS/Alateen Cell Phone Number

Parent/Guardian Signature: _____

| |
|--|
| |
|--|

Parent/Guardian - Print Name: *(required for minors)*

Parent/Guardian Phone Number:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Parent/Guardian email: *(print clearly so numbers can be distinguished from letters)*

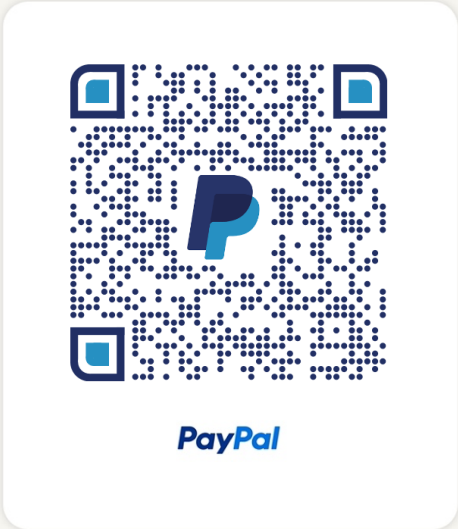
| |
|--|
| |
|--|

For Questions Contact: SCAC.SCWS@gmail.com

2024 Southern California Alateen Conference
Alternative Payment Method:

PayPal:

Southern California World
Service of AFG, Inc.



PayPal

Scan. Pay. Go.

Alateen Permission & Medical Consent Form for Southern California Alateen Conference (SCAC)

Event Sponsors: Tina N. & Bear W.

ALATEEN MEMBER

First Name: _____

Last Name: _____

Address: _____

City & Zip: _____

Cell Phone: _____

Home Phone: _____

Date of Birth: ____/____/____

ALATEEN MEMBER'S MEDICAL INFO

Insurance Company: _____

Policy Number: _____

| Medication | Dosage | Time to be administered |
|------------|--------|-------------------------|
| | | |
| | | |

Allergies: _____

Other Health Concerns (asthma, diabetic, etc): _____

I agree to comply with the Alateen Behavioral Guidelines and understand that I must be supervised at all times by a parent/guardian or Event Sponsor/AMIAS Chaperone, even if I am not a minor.

Alateen Member (signature): _____ Date signed: ____/____/____

I the undersigned parent/legal guardian of the Alateen Member stated above do hereby grant permission for the Alateen Member to participate in the event stated above and grant the Event Sponsors stated above to act on my behalf in order to authorize medical care during the event.

CONSENT TO TREATMENT OF A MINOR

In case of an emergency, I the undersigned parent/legal guardian of the minor listed above do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is tendered under the general and special supervision of any licensed medical and/or dental professional or an individual working under the supervision of any licensed medical or dental professional (professional) regardless of location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that might be required and is given to provide authority and power to the aforementioned professional in the exercise of his best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California and shall remain in effect

Saturday, July 12, 2024 from 5pm until Sunday, July 14, 2024 at 3pm

I acknowledge that as the parent/legal guardian of the Alateen member, I am responsible for payment of any medical services required and obtained on the Alateen member's behalf. I further hold harmless the supervising AMIAS's, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent or Legal Guardian (signature): _____ Date signed: ____/____/____

PARENT/LEGAL GUARDIAN INFORMATION

First & Last Name (print): _____

Address: _____

City & Zip: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact (in case parent/guardian above is unavailable): _____

2024 SCAC Scholarship Form
Southern California Alateen Conference

This form is for Alateens who wish to apply for financial assistance with their district for the 2024 SCAC Registration Fees.

Please complete and submit this form to your local district.

**District Representative (DR) contact info can be found at www.scws-al-anon.org
(click on *District Meetings*).

Alateen

| |
|--------------------|
| Full Alateen Name: |
| Address: |
| City, St., Zip: |
| Phone: |

Meeting

| | |
|--------------------|-----------|
| Home Meeting Name: | |
| Day: | |
| Time: | |
| City: | District: |

I am requesting:

- 50% scholarship assistance in the amount of \$85.00
- 100% scholarship assistance in the amount of \$170.00

for the **2024 SCAC Event**.

These fees are provided by the local district of the requesting Alateen to participate in the Southern California Alateen Conference. These fees are non-transferable and non-negotiable for other than the event and are not required to be repaid by the Alateen.

Alateen Signature: _____ Date: _____

Sponsor/AMIAS Name (print): _____

Sponsor/AMIAS Signature: _____ Date: _____

Sponsor cell #: () _____

Attention Districts

Please approve form and return with checks made payable to: **SCAC**

Mail to:

SCAC Registration
PO Box 7467
Ventura, CA 93006

(For completion by the district)

District approval representative name, print: _____

Signature: _____ Date: _____

RELEASE FORM FOR MINORS

This form is for Alateen minors who will be transporting themselves at the end of the event OR will be transported by another Alateen member at the end of the event.

Alateen MINOR

(being released without parent, guardian, AMIAS signature)

| |
|-----------------|
| Full Name: |
| Address: |
| City, St., Zip: |
| Phone: |

Alateen DRIVER

(write SELF if Alateen is driving themselves)

| |
|-----------------|
| Full Name: |
| Address: |
| City, St., Zip: |
| Phone: |

I authorize my child to be released at the end of the end of **2024 SCAC** without a parent, guardian, or AMIAS present to sign them out. I further hold harmless Southern California Alateen Conference, Inc (aka SCAC) and any adult involved in the event should harm come to my child after they have signed themselves out.

Parent or Legal Guardian (print): _____

Parent or Legal Guardian (signature): _____

Parent or Legal Guardian (phone): (Cell) _____ (Home) _____

Date signed _____

Please bring this form to the event stated above and submit it during check-out

SCAC 2024 Shirt - Order Form

If you are ordering a SCAC shirt, turn in this form and payment
with your registration packet or mail to:

SCAC Registration
PO Box 7467
Ventura, CA 93006

\$25.00 Please make check payable to Southern California Alateen Conference

Size: S M L XL Other ___ Quantity _____
First Name _____ Last Name _____
Payment Information: Check Cash Amount _____
Check # _____ Phone Number _____

Size: S M L XL Other ___ Quantity _____
First Name _____ Last Name _____
Payment Information: Check Cash Amount _____
Check # _____ Phone Number _____

Size: S M L XL Other ___ Quantity _____
First Name _____ Last Name _____
Payment Information: Check Cash Amount _____
Check # _____ Phone Number _____

SCAC Behavior Requirements

All attendees are expected to abide by the Area Alateen Safety & Behavioral Requirements and the additional SCAC Behavior Requirements as stated below.

1. Alateens and AMIASs are expected to be respectful toward all SCAC attendees and display appropriate behavior during SCAC. *Your behavior can attract or turn away a potential new member to the program!*
2. Alateens will check-in with their Group AMIASs at the times stated on the agenda and sign out with them before leaving SCAC.
3. Prescription medications must be turned in to the Nurse during registration check-in and must be in their original bottle with your name listed as the intended user.
4. Alateens and AMIASs are required to attend all activities stated on the agenda (unless it is marked as an Optional activity or you are assigned a task that prevents you from attending the activity).
5. To protect the anonymity of all attendees, photos or videos pertaining to SCAC or SCAC-related events may not be posted on any website accessible to the public (including social media accounts).
6. Vehicles driven to and from SCAC venue must be parked in designated locations on campus.
7. Skateboards, or other wheeled devices are not allowed on campus. (Unless medically required)
8. Purchasing or sales of merchandise is forbidden other than as approved by the SCAC Committee.
9. Phones must be off and out of sight during meetings.
10. All participants must sleep in the room assigned to you. No sleeping in the lobby, hallway, or switching rooms. You must be in your assigned room between midnight and 6am.
11. Do not move furniture or remove property belonging in the dorm room or lobby.
12. You will be financially responsible for the loss of your room key or meal card.
13. Per the facility contract, food may not be permitted in the dorm. (additional guidance needed from the facility)
14. Adhere to rules and regulations of the hosting facility.

The following are cause for being sent home.

1. Any Alateen or AMIAS that leaves the event boundaries will be considered as “checked out” and will not be permitted to return to SCAC.
2. Alateens and AMIASs are allowed to enter only the dorm building they have been assigned to (unless your assigned task requires entry; e.g., the SCAC Nurse).
3. An AMIAS must not be alone in a room with a closed door with any Alateen.
4. Alateens and AMIASs are expected to respect the property of the facility and others. You will be held responsible for damages you intentionally cause. In addition to being sent home, consequences will include financial responsibility
5. Possession of alcohol, drugs (legal or illegal), or weapons of any kind is forbidden at Alateen events.
6. SCAC is a non-smoking event, including vaping.
7. Sexual activity is prohibited for all in attendance while at the conference. (Per Guidelines G-16)
8. Any other behaviors that may be deemed serious enough to be cause for sending a participant home.

Minors: Your parent, guardian, or emergency contact will be contacted so they can make arrangements for your removal from the facility property. If no authorized adult is available, the emergency contact noted on the registration form will be contacted.

Adults (18 and older): You will be responsible for your own transportation and expected to leave immediately.

I agree to follow these requirements and understand the consequences that will result if I fail to abide by them.

Attendee (Print name)

Attendee (Signature)

Date

Parent (Print name) *if Attendee is under 18*

Parent (Signature) *if Attendee is under 18*

Date

SUGGESTED SCAC 2024, PACKING LIST

WHAT TO BRING

- Bedding
 - Sleeping Bag *or* twin bed sheets & blanket
 - Pillow and pillowcase
- Bath Towel and hand towel
- Shower shoes and/or bath rug
- Medications – ***must be in the original container with your name on the label as the prescribed user.***
- Toiletries
 - Deodorant
 - Toothbrush & Toothpaste
 - Shampoo/Conditioner
 - Comb/Brush
 - Soap
 - Feminine products (*if needed*)
- Sunglasses
- Sunscreen and/or hat
- Cool Clothes
 - The temperature can vary
- Refillable water bottle (*write your name on it*)

***Meals will be provided for:
Saturday - lunch and dinner, Sunday - breakfast and lunch.***

WHAT ***NOT*** TO BRING

- *** Do NOT bring alcohol or drugs (including medically prescribed marijuana)
- *** Do NOT bring weapons (including pocket knives, pepper spray, and mace).
- *** Do NOT bring valuables – If you can't afford to lose it, don't bring it!

Directions to University of Redlands



from Orange County:

Take the **CA-91 EAST** exit toward **RIVERSIDE**
CA-91 EAST becomes **I-215 NORTH** - go **5.6** mi
Take the **I-10 EAST** exit toward **REDLANDS** - go **7.8** mi
Take the **UNIVERSITY STREET** exit
Turn left on **N UNIVERSITY ST** - go **0.5** mi
Turn right on **E COLTON AVE** - go **0.2** mi
Turn left on second street – Arrive at SCAC!!!

from Los Angeles:

Take **I-10 EAST** toward **SAN BERNARDINO**
Take the **UNIVERSITY STREET** exit
Turn left on **N UNIVERSITY ST** - go **0.5** mi
Turn right on **E COLTON AVE** - go **0.2** mi
Turn left on second street – Arrive at SCAC!!!

from San Bernardino:

From the **I-10 FWY**
Take the **UNIVERSITY STREET** exit
Go **NORTH** on **N UNIVERSITY ST** - go **0.5** mi
Turn right on **E COLTON AVE** - go **0.2** mi
Turn left on second street – Arrive at SCAC!!!