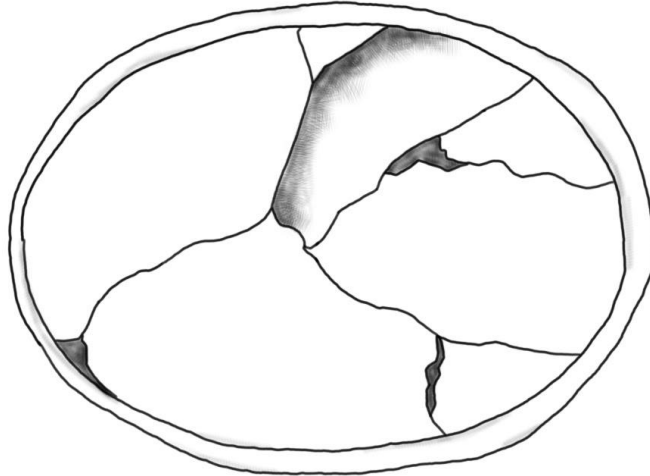


# 2021 Northern California Alateen Conference



**Date:** November 5th-7th, 2021

**Location:** Modesto Double Tree, 1150 9th St, Modesto, CA 95354

**Suggestions:** Bring a few masks for yourself. We will be practicing COVID-19 Safety. Read the next page before sending your registration.

**Contact Info:** Billy W, [billy937@outlook.com](mailto:billy937@outlook.com) Leilani H, [lehufa5875@yahoo.com](mailto:lehufa5875@yahoo.com)

\*NoCAC abides by the NCWSA Requirement for Alateen member safety. AMIAS event sponsors are Billy W and Leilani H.

**IN ADDITION TO MAILING YOUR REGISTRATION PLEASE SCAN AND EMAIL TO:**

[nocacreg2021@gmail.com](mailto:nocacreg2021@gmail.com)

## **PLEASE BE SURE TO READ AND INITIAL ALL OF THE FOLLOWING**

\_\_\_\_ Do not print registration double sided. It helps the committee accept all registrations in an orderly fashion.

\_\_\_\_ All spots for initials and signatures must be completed. It may lead to a voided registration if not completed.

\_\_\_\_ Vaccinations and a NEGATIVE COVID test marked within 72 hours of registration starting at 5pm on Friday November 5th are required. Please provide to your AMIAS prior to leaving your hometown and provide at registration proof of vaccination and the negative test. Those whom aren't vaccinated will be accepted into the conference with a negative test. Masks will be required for every attendee.

\_\_\_\_ Masks are required except during the following: eating, sleeping, and outside during breaks. We will still be practicing social distancing.

## 2021 NoCAC Behavioral Guidelines



All attendees are required to follow these Guidelines or risk being asked to leave:

1. COVID-19 Protocol is in force. You are expected to follow all local and CDC guidelines regarding COVID-19 as they are updated, including masks and social distancing as relevant.
2. The minimum age requirement for attending NoCAC is twelve (12) years.
3. All attendees must complete the entire registration packet in order to participate in NoCAC. Incomplete Registrations will be voided.
4. **All attendees** must complete a 4 page A22.7 Travel and treatment form. Incomplete forms will constitute an incomplete registration.
5. All weekend activities will be confined to a designated area, within or around the hotel, as defined by the NoCAC Committee.
6. Alateen or AMIAS attendees are not permitted to leave the designated area during the event. In case of emergency, at least two (2) NoCAC committee members and (2) AMIAS event sponsor shall be notified in order to allow any exception.
7. **All Attendees** are required to participate in each segment of the event program. This includes meetings, workshops, group meals, organized group activities, and permitted leisure activities. Please discuss special medical needs with the NoCAC Committee.
8. Amplified media, with an auditory component, will be allowed if played only in your room during appropriate times. Headphones are strictly forbidden during Workshops, Meetings and Banquets.
9. Modest dress is encouraged.
10. Possession of drugs, vapes, alcohol, pocket knives, guns, lighters or fireworks is **strictly forbidden**. Amnesty ends at the close of the event Friday night. If caught with contraband you will be asked to leave.
11. Assigned AMIAS and Alateens must check in at minimum before breakfast, before lunch, after lunch, before easy does it time, before banquet, before the dance and at lights out. AMIAS must agree to this task or risk being asked to leave.
12. To protect attendee's anonymity, pictures taken during NoCAC may not be posted on any social media platform.
13. No males in female rooms and no females in male rooms. No same sex couples in a room. Participants outside of the gender binary shall contact the Chair individually for sleeping arrangements and guidelines. Remember this weekend is about recovery.
14. No arbitrary change of room assignments. ( Contact Chair, Sponsor and Reg if any problems are prevalent with your roommate)
15. Attendees must not damage or deface event property or leave trash around. Attendees are expected to leave the hotel and event designated area in better shape than when they arrived. Attendees may be held financially responsible for any damage done to hotel property.
16. No attendee under 21 may Smoke or Vape. Smoking and Vaping is allowed in designated areas only and when allowed by the NoCAC committee.
17. All attendees and hotel staff, including Committee members, shall be treated with respect.
18. No inappropriate touching of any attendee regardless of your relationship. This includes groping, grinding and public displays of affection.
19. One-on-one contact between an Alateen and an AMIAS outside of group activities shall be avoided. Issues should include an AMIAS, a Committee Member and the affected Alateen.
20. Only Alateens and certified AMIAS's may attend NoCAC with the exception of the Saturday Night AA Speaker who will be accompanied by a designated AMIAS.

**ANYONE WHO DEEMS IT NECESSARY TO BREAK OR OFFEND THESE GUIDELINES WILL BE ASKED TO LEAVE IMMEDIATELY AT THEIR OWN EXPENSE. PRESENCE AT NOCAC IMPLIES COMPLIANCE WITH THESE GUIDELINES.**

Northern California World Service Area

# TRAVEL, TREATMENT, and PARTICIPATION AUTHORIZATION

**This form must be filled out entirely in order for the Alateen Member to Participate**

**CUSTODIAL PARENT/LEGAL GUARDIAN:** Please read, complete and sign this form and keep a copy for your records.

**ALATEENS:** Please return this completed form to your AMIAS Escort.

**AMIAS:** Please read, complete and sign this form and bring it with you to the event.

**AMIAS 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 \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number  Cell  Home  
 Work: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## AMIAS / AMIAS ESCORT INFORMATION (circle one)

First and Last Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number  Cell   
 Home  Work: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## EVENT INFORMATION

Name of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_  
\_\_\_\_\_  
Address of Event: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Date, Time & Place of Departure: \_\_\_\_\_  
\_\_\_\_\_  
Date, Time & Place of Return: \_\_\_\_\_  
\_\_\_\_\_

Mode of Transportation  Auto (complete next line)  Bus  Other \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_  
\_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

## CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

First and Last Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ During this event, I can be  
reached at  Cell  Home  Work ( ) \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN CUSTODIAL PARENT/LEGAL GUARDIAN** First, Last Name:

\_\_\_\_\_ Relationship \_\_\_\_\_ Full Address:

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**HOLD HARMLESS STATEMENT** (please check all that apply)

As the custodial parent/legal 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 me/my child and \_\_\_\_\_ (Insert name & 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/me as a result of my/his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As an AMIAS / AMIAS ESCORT, I am responsible for payment of any medical services required and obtained on my behalf. I further hold harmless the event attended by me and \_\_\_\_\_ (Insert name &

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 me as a result of my participation in this activity or procurement of medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CUSTODIAL PARENTAL/LEGAL GUARDIAN PERMISSION** (to be signed in the presence of the AMIAS Escort)

I, \_\_\_\_\_ hereby grant permission to \_\_\_\_\_ (Custodial Parent/Legal Guardian Name) (Alateen Member Name)

to travel to and from and to participate in \_\_\_\_\_ under the supervision of (Event Name)

\_\_\_\_\_ on \_\_\_\_\_ (AMIAS Escort Name) (Dates of Event including Travel Time)

Custodial Parent/Legal Guardian Signature: Date:

**MEDICAL FORM – CONFIDENTIAL**

**THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALTEEN MEMBER TO  
AUTHORIZATION TO OBTAIN MEDICAL CARE  
PARTICIPATE**

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely and bear the original notary seal.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out and notarized.

**Full Name: First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Date of Birth:**  
\_\_\_\_\_ **Date Form Completed:** \_\_\_\_\_

**DISEASES/MEDICAL CONDITIONS**

Above named has (had) the following diseases or problems: (Please check all that apply) \_\_\_\_\_ Heart  
Trouble \_\_\_\_\_ Epilepsy  
\_\_\_\_\_ Tuberculosis \_\_\_\_\_ Liver Trouble (Hepatitis)  
\_\_\_\_\_ Stomach Ulcers \_\_\_\_\_ Fainting spells or Seizures  
\_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes  
\_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Hives  
\_\_\_\_\_ Low Blood Pressure \_\_\_\_\_ other (please describe) \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES**

Above named has had allergic reaction to/from the following: (Please check all that apply) \_\_\_\_\_ Penicillin \_\_\_\_\_  
Local Anesthetics \_\_\_\_\_ Aspirin \_\_\_\_\_ Sulphur Drugs \_\_\_\_\_ Sedatives \_\_\_\_\_ Bee Stings/Insect Bites \_\_\_\_\_ Pollens  
\_\_\_\_\_ Sulfa Drugs

**Food** (please list all) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Other (please describe) \_\_\_\_\_

**CURRENT MEDICATIONS**

Please list all prescriptions & over-the-counter drugs for above named. These medications MUST be in their original container(s) with labels firmly in place.  
Above named is currently using the following medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER CONDITIONS OR PROBLEMS**

Above named has the following condition or problems not listed above that you should know about: (Please explain)  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

You must provide medical insurance information in the space below:

Name of Insurance Company: \_\_\_\_\_ Insured's First and  
Last Names \_\_\_\_\_ & Date of Birth \_\_\_\_\_ Insured's ID Number:  
\_\_\_\_\_ Group ID/Plan/Policy Number: \_\_\_\_\_

## Alateen Registration Form (Please Print)

Name: \_\_\_\_\_ - Age: \_\_\_\_\_

Gender: Male: \_\_\_ Female: \_\_\_ Non-Binary: \_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Name of group/city: \_\_\_\_\_

**Banquet Dinner:** Braised Short Ribs \_\_\_ Panko Crusted Chicken Breast \_\_\_ Vegetarian \_\_\_ Vegan \_\_\_ If you do not pick an option, your default will be Vegetarian. Please note that there will be no Friday night dinner. Eat prior to arrival. You are also welcome to bring snacks to share.

**Group Check:** Yes No District Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

Having read the behavior guidelines for NoCAC 2021, I understand and **will** abide by them.

\_\_\_\_\_  
**Printed Name** \_\_\_\_\_  
**Signature (Alateen)**

I hereby grant permission for \_\_\_\_\_ to travel to and take part in NoCAC 2021 to be held at the Modesto Double Tree, November 5th-7th 2021. The undersigned agrees to hold NoCAC, Alateen and the AI-Anon Family Groups harmless from any injury, loss, or damage of any nature whatsoever, including but not limited to the body or any property, and the undersigned agrees to assume full responsibility for any loss, injury, or damage.

If for any reason it becomes necessary for the Alateen to leave the conference before the completion of the conference, you agree to assume full responsibility for transportation.

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Parent or Legal Guardian Printed Name**

If you are uncomfortable sharing a bed with one other teen of the same gender, please feel free to bring an air mattress and/or a sleeping bag.

### COMPLETING REGISTRATION

Registration is completed by sending **this** registration form, the **Authorization for Consent to Treatment**, and a Cashier's Check, Money Order, or Check for **\$260** postmarked before October 15th 2021. (NO CREDIT CARDS OR PAYPAL permitted).

**REGISTRATION SENT AFTER TUESDAY OCTOBER 15th WILL NOT BE ACCEPTED!!** Please make sure all lines on the forms are signed. Please make Cashier's Check, Money Order, or Check payable to **NoCAC**.

The **final cut-off** for registration is October 15th.

**Send Registration Form, Authorization for Consent to Treatment, and Miscellaneous Form to:** Sophia N., P.O. Box 3800, Berkeley, CA 94703

**IN ADDITION TO MAILING YOUR REGISTRATION PLEASE SCAN AND EMAIL TO:**

[nocacreg2021@gmail.com](mailto:nocacreg2021@gmail.com)



# AMIAS Registration Form

(Please Print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Male:\_\_\_ Female:\_\_\_ Non-Binary:\_\_\_ Preferred Pronouns: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone: ( \_\_\_ ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of group/city: \_\_\_\_\_

**Banquet Dinner:** Braised Short Ribs\_\_\_ Panko Crusted Chicken Breast\_\_\_ Vegetarian\_\_\_ Vegan\_\_\_ If you do not pick an option, your default will be Vegetarian. Please note that there will be no Friday night dinner. Eat prior to arrival. You are also welcome to bring snacks to share.

**Group Check:** Yes No District Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

AMIAS, it is mandatory for you to be a Room Sponsor at NoCAC.

Instructions will be provided at the event. Sponsor Certification # \_\_\_\_\_

Having read the behavior guidelines for NoCAC 2021, I understand and **will** abide by them.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

## COMPLETING REGISTRATION

Registration is completed by sending **this** registration form; the **Authorization for Consent to Treatment**; and a Cashier's Check, Money Order, or Check for **\$330** postmarked before October 15th. (NO CREDIT CARDS OR PAYPAL permitted).

**REGISTRATION SENT AFTER TUESDAY OCTOBER 15th WILL NOT BE ACCEPTED!!** Please make sure all lines on the forms are signed. Please make Cashier's Check, Money Order, or Check payable to **NoCAC 2021**.

The **final cut-off** for registration is October 15th..

**Send Registration Form, Authorization for Consent to Treatment, and Miscellaneous Form to:** Sophia N., P.O. Box 3800, Berkeley, CA 94703

**IN ADDITION TO MAILING YOUR REGISTRATION PLEASE SCAN AND EMAIL TO:**

[nocacreg2021@gmail.com](mailto:nocacreg2021@gmail.com)

**(TO BE MAILED IN WITH REGISTRATION)**

**AUTHORIZATION AND CONSENT TO TREATMENT**

**Complete this Form - All Ages**

(Please Print)

Name:

Alateen  AMIAS

In case of an emergency, (I), (we), the undersigned parent(s) (guardians) of a minor or myself, with Date of Birth on \_\_\_/\_\_\_/\_\_\_ do hereby authorize NoCAC as agent for the undersigned to 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 any individual working under the supervision of any licensed medical or dental professional regardless of location.

It is understood that this authorization is given to provide authority and power to the aforementioned professional in the exercise of his/her best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California. This authorization shall remain in effect from November 5th-7th, 2021, unless revoked sooner in writing and delivered to said agent.

**Signatures (if under the age of 18, parent signs):**

Parent or Legal Guardian (sign): \_\_\_\_\_

Parent or Legal Guardian (print): \_\_\_\_\_

**Signatures (if 18+):**

Self (sign): \_\_\_\_\_

Self (print): \_\_\_\_\_

**For All Attendees:**

Emergency Phone Numbers: ( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Please initial here if the NoCAC Committee may have permission to dispense aspirin or aspirin-free products. \_\_\_\_\_

Please list any allergies:

\_\_\_\_\_

(include medicine such as penicillin, local anesthetics, aspirin, sulfa drugs, or sedatives)

Please list any medication(s) currently being taken (including inhalers) and frequency of use:

\_\_\_\_\_ Medical

Insurance Information: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Anyone using prescription drugs must provide them to the NoCAC CoSponsor when registering on site at the event.

Inhalers, birth control pills, insulin, and Epi-pens will be returned to the individual immediately.

**(TO BE MAILED IN WITH REGISTRATION AS NEEDED)**

## Miscellaneous Scholarships

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Scholarships are provided to send Alateens to NoCAC who may not be able to pay their own way. This weekend is a time for Alateens to get to meet new people and enjoy the program outside their own group. It is a weekend of love, new friendships, and growth. No Alateen should miss this experience.

Scholarships are 1/2 of the original price, and need to be requested in advance and no later than **October 15th, 2021**. We give first-time attendees priority, but scholarships can be given to others if we have sufficient funds.

### Scholarship Request:

#### **If you would like to donate to NOCAC's Scholarship Fund:**

Alateens do not usually come from rich homes, nor are they usually old enough to hold jobs. Most of the time, Alateens come from very dysfunctional homes where money is tight and a weekend of serenity can make the difference between life and death. If you can spare any amount to help, anything is appreciated, and anything makes a difference.

Please send a separate check for scholarship donations:

Enclosed is a check for the amount of \$\_\_\_\_\_ to be donated to the NoCAC Scholarship Fund. (Thank You!) Please send to this address, Sophia N., P.O. Box 3800, Berkeley, CA 94703

**IN ADDITION TO MAILING YOUR REGISTRATION PLEASE SCAN AND EMAIL TO:**

[nocacreg2021@gmail.com](mailto:nocacreg2021@gmail.com)