

# AL - ANON REGISTRATION FORM

# 2012

2012 TENNESSEE  
AL-ANON/ ALATEEN  
CONVENTION

August 31 – September 2, 2012

## LIVING THE 12, 12 & 12 in 2012

***This is registration for the Convention and Banquet (if attending).***

*One form per person (Alateens are FREE and MUST fill in the reverse side!)*

<b>Before 7/31/12</b> Convention: \$22.00 Banquet: \$31 (includes gratuity & tax)	<b>AFTER 7/31/12</b> Convention: \$27.00 Banquet: \$31 (includes gratuity & tax)
Name: _____ Telephone: _____	
Name on tag: _____ Email: _____	
Address: _____ ( ) Attending Banquet (Cost \$31.00)	
City, St, Zip: _____ Chk # _____ Chk Amt: _____	
List special accommodations, if needed: _____ _____	
<b>Mail this form &amp; payments for the Convention &amp; Banquet (if attending) to</b> <b>Middle TN AFG Convention, 2350 Nix Road, Lawrenceburg, TN 38464</b>	
I would like to volunteer on one of the following Committees: Hospitality: <input type="checkbox"/> Welcome: <input type="checkbox"/> Literature: <input type="checkbox"/> Registration: <input type="checkbox"/> Program: <input type="checkbox"/> Other: <i>Contributions are appreciated and can be sent to the address above.</i>	

**\*\*\*\*Room reservations are separate & must be made with the Sheraton before 8/1/12\*\*\*\***

**\*\*\*\*Call the Sheraton Music City\*\*\*\***

777 McGavock Pike, Nashville, Tennessee 37214

615-885-2200 ♦ 1-888-627-7060

Hotel Room cost: \$99.00 + tax (for 1-4 people)

**Be sure to ask for the Friends of Lois rate!**

**Reserve online: [www.starwoodmeeting.com/Book/friendsoflois](http://www.starwoodmeeting.com/Book/friendsoflois)**

If you have questions, email [CONVENTION.CONTACT@GMAIL.COM](mailto:CONVENTION.CONTACT@GMAIL.COM)

[www.middletnalanon.org](http://www.middletnalanon.org)

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*Each Alateen must submit both sides of this form. Parent (Guardian) must sign consent.*

Name: \_\_\_\_\_

Adult accompanying the Alateen at event: \_\_\_\_\_

Medications or prescriptions: \_\_\_\_\_

Allergies to medicines or foods: \_\_\_\_\_

Other accommodations or considerations: (please attach another sheet if necessary) \_\_\_\_\_

### Parent/Legal Guardian Information

Name: \_\_\_\_\_

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

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Relationship to Alateen: \_\_\_\_\_

### Parental Consent

As the parent/legal guardian, I have reviewed the information concerning the above named event and give permission for \_\_\_\_\_ to attend.

As parent/legal guardian I authorize emergency medical treatment for the child named above in the event that I cannot be reached. I agree, should it become necessary to incur any medical expense as a result of illness or injury, I will accept full responsibility for such expenses.

I hereby release and discharge the Al-Anon/Alateen Family Groups, their representatives, the Alateen Sponsor, and the selected responsible adult from any and all liability which may result from any injury or illness sustained by my child from any cause whatsoever in connection with this trip, including transportation to and from all related activities.

Further, I believe that this Alateen is physically and mentally capable of taking reasonable precautions to protect his or her own safety and the maturity and judgment not to put themselves or others in dangerous situations.

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