



Northern California  
Alateens



Present



# West Coast Alateen Conference - WCAC

## Alateen's 50<sup>th</sup> Birthday Celebration



**August 3-5, 2007**

**At Fresno Holiday Inn, CA**

5090 E. Clinton Way, Fresno, CA 93727

Come join the celebration, speakers and activities!

Hotel Accommodations and Meals Provided w/ Registration

For more information Contact Jenae H. WCAC Chair

[jenaerh@yahoo.com](mailto:jenaerh@yahoo.com)

WCAC complies with the NCWSA Alateen Safety Requirements at  
[ncwsa.org](http://ncwsa.org) – event Sponsors must be certified

## WCAC Guidelines

Here at WCAC, we can let our feelings flow: maybe you'll give a cheer, a laugh, or even a warm hug. Just be yourself! We wish to present you with a beautiful, loving weekend. Show care for one another and the weekend will be the best. The following guidelines are based on the Twelve Steps and Traditions adapted for Alateen/ Al-Anon Family Groups. Everyone is expected to follow these guidelines, including Sponsors. Check-in on Friday after 3pm, dinner to follow and Checkout on Sunday at 2pm.

1. The minimum age requirement for attending WCAC is twelve(12) years.
2. All Alateen functions will be held in one area of the hotel. **All other areas are off limits**, except where specified.
3. Under no circumstances are Alateens or Sponsors permitted to leave the designated hotel area during the conference. In case of an emergency, notify a WCAC committee member.
4. For the benefit of everyone attending the conference, you will be expected to **attend all Alateen functions**. This includes meetings, workshops, the banquet, dance, and the talent show. No exceptions will be made.
5. Radios and CD players will be allowed in rooms and at a reasonable volume. They will not be allowed in the hallways or in the lobbies.
6. Appropriate dress will be left up to your own good taste. There will be a banquet and a dance. **The banquet is a dress up occasion.**
7. Possession of drugs and alcohol is **STRICTLY FORBIDDEN.**
8. All Alateens must check in with their Sponsors and be in their rooms by 1am. Absolutely NO exceptions.
9. No boys in girls rooms and no girls in boys rooms. Sponsors included. Married couples included.
10. Absolutely no changing of assigned rooms.
11. No body may damage or deface hotel property. Or place outside phone calls. You will be held responsible for all repairs.
12. No smoking outside designated areas.
13. Committee members should be treated with respect, as well as all other attendees.
14. No lewd, crude behavior.
15. Anyone who deems it necessary to break or offend these guidelines will be asked to leave the conference at their own expense.

The legal smoking age in CA is 18. If you are under 18 and choose to smoke then that is your choice. If you are caught smoking while attending and are underage, WCAC will not be held responsible. Please be aware of this and sign at the bottom.

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

**Al-Anon & Alateen Sponsor Registration Form  
(Please Print)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F (circle one)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Name of Group/City \_\_\_\_\_ Smoker: No \_\_\_\_\_ Yes \_\_\_\_\_

Vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you sponsor a group? Yes \_\_\_\_\_ No \_\_\_\_\_ If No have you ever attended an Alateen conference before? Yes \_\_\_\_\_ No \_\_\_\_\_ Willing to Sponsor at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Sponsor Certification # \_\_\_\_\_ # of Years Sponsoring Alateens \_\_\_\_\_

Having read the behavior guidelines for WCAC 2007, I understand and will abide by them. I AM RESPONSIBLE.

\_\_\_\_\_  
Al-Anon or Alateen Sponsors Signature

**COMPLETING REGISTRATION**

Registration is complete by sending in this form, the Authorization for Consent to Treat a Minor (EVEN IF YOU ARE OVER 18, IT IS A EMERGENCY FORM) and a Cashiers Check or Money Order for **\$135.00** for a quad or **\$175** for a double. **NO CASH OR PERSONAL CHECKS.** Please make sure all lines on the forms are signed. Please make Cashiers Check or Money order payable to WCAC. Because of hotel requirements no registration will be accepted after July 1, 2007.

Send Registration to:

Alicia H.  
PO Box 41095  
San Jose, CA 95160

If you designate non-smoking you will NOT be able to smoke in your room!!! You must have proof of payment or your confirmation card to participate in WCAC. No exceptions will be made.

## Alateen Registration Form (Please Print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F (circle one)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Name of Group/City \_\_\_\_\_ Smoker: No \_\_\_\_\_ Yes \_\_\_\_\_

Vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_ to travel to and take part in WCAC 2007 to be held at the Holiday Fresno, CA on August 3-5, 2007. The undersigned agrees to hold WCAC, Alateen and Al-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 such loss, injury, or damage.

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

\_\_\_\_\_  
Parent of Legal Guardian Signature

Having read the behavior guidelines for WCAC 2007, I understand and will abide by them. I AM RESPONSIBLE.

\_\_\_\_\_  
Alateen's Signature

### COMPLETING REGISTRATION

Registration is complete by sending in this form, the Authorization for Consent to Treat a Minor and a Cashiers Check or Money Order for **\$135.00** . **NO CASH OR PERSONAL CHECKS.** Please make sure all lines on the forms are signed. Please make Cashiers Checks or Money order payable to WCAC. Because of hotel requirements no registration will be accepted after July 1, 2007.

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**Please Mail in With Registration**  
**AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR**  
**Complete This Form-Regardless of Age**  
**(Please Print)**

I case of an emergency, (I), (We), the undersigned parents (guardians) of \_\_\_\_\_, a minor, do hereby authorize WCAC as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and its tendered under the general and special supervision of any physician and surgeon licensed under the Medical Practice Act, whether such diagnosis of treatment is rendered at the office of said physician or at a hospital.

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 physician in the exercise of his best judgement 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 August 3, 4, 5, 2007, unless revoked sooner in writing and delivered to said agent.

.....  
Signatures:

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

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Please list any allergies: \_\_\_\_\_

(include medicines such as penicillin, local anesthetics, aspirin, sulpha drugs or sedatives)

Please list any medication currently being taken:

\_\_\_\_\_

Medical Insurance Information:

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

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

**ANYONE USING ANY MEDICATION IS TO REPORT THIS INFORMATION**  
**TO THE WCAC COMMITTEE UPON ARRIVAL AT THE CONFERENCE**

# To Be Carried While Traveling To and From WCAC

## AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR Complete This Form-Regardless of Age (Please Print)

In case of an emergency, (I), (We), the undersigned parents (guardians) of \_\_\_\_\_, a minor, do hereby authorize WCAC as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and its tendered under the general and special supervision of any physician and surgeon licensed under the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

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 physician in the exercise of his best judgement 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 August 3, 4, 5, 2007, unless revoked sooner in writing and delivered to said agent.

.....  
Signatures:

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

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Please list any allergies: \_\_\_\_\_

(include medicines such as penicillin, local anesthetics, aspirin, sulphadiazine or sedatives)

Please list any medication currently being taken:

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

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

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

**ANYONE USING ANY MEDICATION IS TO REPORT THIS INFORMATION  
TO THE WCAC COMMITTEE UPON ARRIVAL AT THE CONFERENCE**

# Scholarships

Scholarships are to send Alateens to WCAC 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, \$68.

To obtain a scholarship:

Please write to:

WCAC Scholarships  
C/O Alicia H.  
P.O. Box 41095  
San Jose, CA 95160  
Please include your Name, Address, and Phone Number

If you would like to donate:

Please write to:

WCAC Scholarships  
C/O Alicia H.  
P.O. Box 41095  
San Jose, CA 95160  
Enclosed is the amount of \$\_\_\_\_\_ to be donated to the WCAC scholarship Fund.

Sweatshirts will ONLY be available through pre-registration. A limited amount of T-shirts will be sold at WCAC.

T-Shirts			Sweatshirts			
<u>Quantity</u>	<u>Size</u>	<u>Price</u>	<u>Total</u>	<u>Quantity</u>	<u>Size</u>	<u>Price</u>
	S	15.00			S	35.00
	M	15.00			M	35.00
	L	15.00			L	35.00
	XL	15.00			XL	35.00
	2XL	17.00			2XL	40.00
	3XL	19.00			3XL	40.00

I wish to purchase a total of \_\_\_\_\_ T-shirts and \_\_\_\_\_ Sweatshirts, I have enclosed \$\_\_\_\_\_.

**Please do not send cash, pay by cashiers check or money order.**