

# Growing Together Weekend Fundraiser

Saturday, March 29

John Knox Church  
7421 Amarillo Rd  
Dublin, CA 94568

“Open Mic – Literature Night”  
Spaghetti Feast



and

Potluck

Committee will provide spaghetti,  
sauce & bread

Please bring a Salad or Dessert to share

Come join us for a night filled with experience, strength, and  
hope.

Sign up for Open Mic time for sharing's on literature, topics,  
and more!!!

5-6pm Registration/Open Mic Sign Ups

6-7pm Dinner

7-8:30pm Open Mic, sharing's & more

8:30-10pm Dance

\$7.00 suggested donation

Any questions, please contact, Melanie 408-309-3623 or  
Pleas 707-889-4000

[www.geocities.com/woods2008/GTW.html](http://www.geocities.com/woods2008/GTW.html)

Last Chance to Register for Growing Together Weekend  
for the \$139.00 price!!!

“This event meets the NCWSA requirements for Alateen Member Safety”

**A22-7**

**TRAVEL AUTHORIZATION**

**Rev: 20050212 To Be Carried While Traveling To and From Any Alateen/Al-Anon Event  
DRIVER - ADULT MINOR**

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

I do hereby authorize the driver listed above to transport the minor listed above to and from the destination listed.

**DESTINATION:** \_\_\_\_\_

\_\_\_\_\_  
Authorized signature by parent or legal guardian                      Phone                      Date

**CONSENT TO TREATMENT OF A MINOR**

In case of an emergency, (I), (We), the undersigned parents (guardians) of the minor listed above, with date of birth on \_\_\_/\_\_\_/\_\_\_, do hereby authorize the **ADULT** listed above 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 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.

This authorization shall remain effective for one year from January 1<sup>st</sup> through December 31<sup>st</sup>, 20\_\_\_, unless revoked sooner in writing and delivered to said agent.

**Signatures:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

Witness other than parent or guardian (sign): \_\_\_\_\_

Witness other than parent or guardian (print): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

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

**(Include prescription and over-the-counter medicines such as penicillin, local anesthetics, aspirin, sulfa drugs or sedatives)**

Please list any medication currently being

taken: \_\_\_\_\_

Medical Insurance Information:

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

**ANYONE USING ANY MEDICATION MUST REPORT THIS INFORMATION TO THE DRIVER UPON ENTERING THE VEHICLE**