

WAAC ATTACK 2024!

Never Fear the 12 STEPS, Your Peers are HERE!

Washington Area Alateen Conference
Friday, July 19 - Sunday, July 21, 2024

AMIAS and Alateen 18-20 Registration Packet

(Alateen Members 18-20 should fill out this adult packet)



**THE REGISTRATION FEE IS BEING PAID FOR BY WAAC,
BUT THE REGISTRATION FORM IS STILL REQUIRED,
DUE BY JUNE 30, 2024.**

You must have a Lazy F Waiver to participate in Zip Line and or Rock Wall

WASHINGTON AREA ALATEEN CONFERENCE

Lazy F Camp and Retreat Center

16170 Manastash Road

Ellensburg, WA 98926

Adult Alateen Registration for ages 18-20 and AMIAS is due by June 30, 2024.

Mail registrations to: Eliza Daniel, 504 Prospect Ave N., Kent, WA, 98030. PH 206-375-2235

Note to AMIAS – Should we be near capacity, AMIAS attending WAAC will have to be limited to those who are chaperoning Alateens. Please contact Eliza Daniel before registering if you are not a chaperone of teens attending WAAC and we will create a waitlist.

WASHINGTON AREA ALATEEN CONFERENCE July 19, 2024 – July 21, 2024

PURPOSE: The purpose of this conference is to provide Alateens with an opportunity to grow through sharing their experience, strength, and hope during a weekend of fellowship and fun, with their peers.

WHO MAY ATTEND THE CONFERENCE:

Attendees should be active members of an Alateen group or a currently certified Al-Anon Member Involved in Alateen Service (AMIAS). Members of Alateen age who attend an Al-Anon meeting or Alateen Chat qualify as an active member of Alateen. Alateens are to register through their chaperone/Alateen group. Lone Alateens may register through an Alateen Group that they associate with or directly with the conference committee. All attendees under the age of 18 (minimum age 11**) MUST have a chaperone. Only certified AMIAS may serve as a chaperone or drive an Alateen under the age of 18. Any questions regarding travel arrangements (e.g. siblings driving each other) need to be addressed to and approved by the WAAC committee. (**Please see the Alateen Registration page for age exception information.)

EMERGENCY PHONE:

Emergency Contact Number is **509-962-2780**. Incoming calls to this number should be limited to emergencies only! In case of an emergency, attendees may speak to the committee regarding access to a phone. In the event of an emergency, and a parent needs to contact an Alateen, the emergency number may be used. They will need the conference name (WAAC), attendee's name and attendee's chaperone's name.

THINGS TO BRING:

Toiletries, towels, flashlight (**not a cell phone**), swim suit, Alateen Literature, sunscreen, paper and pen/pencil, sleeping bag or sheets with blanket, pillow, ear plugs, clothing appropriate for the weather including jacket, **closed toe shoes if you want to go on any hikes.**

SNACKS FOR HOSPITALITY ROOM:

1. Store-bought in individual packages that show ingredients – helpful for those with allergies.
2. Fruit or vegetables – packaged such as Costco apples and veggie trays

ROOMS: Each attendee's room assignment will be given to them in the registration packet at the time of check in. **Attendees must use their assigned room unless a change is approved by the WAAC planning committee. If anyone has a question, concern or special request about their room assignment, please contact the committee in advance.** There will be a Male Dorm and a Female Dorm with at least one adult in each room. Each room sleeps 4 to 10 people. There are gathering rooms available for socializing so that the dorm rooms can remain separated by gender (**see permission slip on sexual orientation and room assignments**) used for sleeping/resting purposes only. **Lights are out at 12:00 a.m. Quiet time is from 11:00 p.m. - 7:00 a.m.**

PAYMENT INFORMATION (WAAC is paying your registration this year!):

With paid registration you get lovely accommodations at Camp Lazy F as well as 6 meals: starting with Friday dinner, then Saturday – 3 meals and Sunday – 2 meals. **Registration will not be accepted after June 30, 2024. Registrations may be transferred with approval of registration chair and updated forms** for the transferee.

CHECK-IN STARTS @ 4:00 PM Friday in front of the Trading Post building. During and after dinner, check-in will be inside the Trading Post building.

WAAC Behavior Guidelines: All Attendees Must READ and Sign Regardless of Age.

Let's resist the temptation to gossip, and let's discourage it in others. Especially, let's avoid hurting anyone in our group, because anything that hurts one member hurts our whole group.

1. **Anyone** who breaks a guideline will be dealt with by a disciplinary committee. If an Alateen, they will meet with their chaperone present.
2. Minimum age required is 11 (unless approved by WAAC committee). Persons coming to WAAC must be a member of Alateen, AA, or Al-Anon.
3. Every Alateen will be assigned a room with the adult who is responsible for them. This adult will make sure that the Alateen follows the guidelines. The adult **must** follow the guidelines as well.
4. **Under no circumstances is anyone to leave the Campgrounds** or to go beyond the designated areas during the conference once they have arrived. Follow camp instructions. **In case of an emergency, notify a committee member.**
5. **Everyone WILL attend conference activities.** If unable to attend, please notify the medical personnel with chaperone.
6. No one is allowed to visit other people's sleeping rooms. All attendees are to sleep in their assigned rooms. There will be a coed socializing space.
7. Only members **18 years or older** will be permitted to smoke, off the camp property. Anyone under the age of 18 years smoking will need to leave the conference.
8. **Possession of alcohol, drugs, materials of pornographic nature or weapons is strictly forbidden.** All Alateens with medicine need to tell their chaperones and the medical personnel upon their arrival. All adult attendees must register their medications with medical personnel. Medical personnel will hold and distribute all medications at the appropriate times. **No narcotics will be allowed even if legitimately prescribed.** No prescriptions be administered without the original bottle and label. **Anyone with drugs, alcohol, materials of pornographic nature or weapons will be required to leave the conference.**
9. Do not damage or deface the property of the camp or other attendees; attendee or parent/guardian may be held financially responsible for repairs.
10. Anonymity should be respected by everyone. Participants may take pictures periodically throughout the conference. These photos may be used in a slide show to be shown at WAAC and other fellowship events. We wish to remind those who are taking pictures to only photograph those who give their permission.
11. No one is permitted to register on site. **Registration must be received to WAAC by June 30, 2024.**
12. Abuse of any type is unacceptable. Any such incidents, including physical and verbal, will be dealt with in accordance to the severity by discretion of the **disciplinary committee.**
13. **Parents, Alateens, and Chaperones** must read these requirements before registering. You must sign stating you have read and understood the requirements. If the attendee is asked to leave, it will be at their expense.

Attendee Signature: _____

Attendee Name (please print): _____ (Print clearly)

Attendee Email: _____ (Print clearly)

REGISTRATION FORM FOR ALL ATTENDEES OVER THE AGE OF 18

PLEASE PRINT CLEARLY

ATTENDEE: Fill out and return with signed behavior guidelines.

1. Name: _____ Gender: ___ (Male/Female/Other)

Phone #: Cell (____) _____ Home (____) _____ Can you receive texts? _____

Home Address: _____ City: _____ State: _____

Age: _____ Date of birth: _____

Nearest relative: Name: _____ Phone: (____) _____

2. Do you have Medical Insurance? Yes No

Company Name _____

Policy Number _____

3. List any medical concerns:

4. List any allergies to food, pollen, or medicines:

*****All medications must come in the original bottle/package.*****

5. I hereby authorize the WAAC medical personnel to obtain emergency medical care necessary for me during the WAAC weekend. *Initial:* _____

6. I am the following:

____ A. A certified "AMIAS", Al-Anon Member Involved in Alateen Service

____ B. An Alateen Member over the age of 18

____ C. Other: Please Describe _____

Please fill out one of the following sections.

A. Al-Anon Member Involved in Alateen Service:

1. I understand that my personal information of full name, address, phone number, vehicle make/model and license plate number is to be given to the parents of any Alateens under the age of 18 that I drive/chaperone to WAAC.

2. I understand that group registrations are to be mailed in by the chaperone/sponsor and that the chaperone/driver is to **keep a copy** of the medical/permission form for travel to and from WAAC.

3. Familiarize yourselves with the WA Area Alateen Safety Requirements.

AMIAS Signature: _____ **AMIAS ID:** _____ **Date:** _____

Print Name: _____

B. Alateen Member over the age of 18:

1. I understand that I am not eligible to chaperone Alateen members under the age of 18 to WAAC. I am only allowed to drive my own sibling with parental permission.

2. I understand I am not eligible to be housed in the same sleeping area as any Alateen member under the age of 18.

Attendee Signature: _____ **Date:** _____

Print Name: _____

C. Other

1. I understand that I am not eligible to chaperone Alateen members under the age of 18 to WAAC. I am only allowed to drive my own sibling with parental permission.

2. I understand I am not eligible to be housed in the same sleeping area as any Alateen member under the age of 18.

3. My attendance has been reviewed and approved by the WAAC Committee.

Attendee Signature: _____ **Date:** _____

TRAVEL INFORMATION

Drivers: Please provide the following information for the WAAC registration file. **Group Sponsors:** Please make sure that any teens registered on this form who are not traveling with the group are listed on another group's travel form or submit their own form.

CAR 1:

Driver's Name: _____ Car Make/Model/Year: _____

License Plate #: _____ Car Insurance Provider: _____ Service ID#: _____ [AMIAS #?]

CAR 2:

Driver's Name: _____ Car Make/Model/Year: _____

License Plate #: _____ Car Insurance Provider: _____ Service ID# _____ (AMIAS #?)

Information for Parents

(Please make sure you give this information to the legal guardian/custodial parent, of each Alateen member you are chaperoning.)

Chaperone Name: _____ Chaperone Service [AMIAS?] ID #: _____

Chaperone Address: _____ Cell: _____

Chaperone Vehicle Information: _____

Event Information WAAC, 16170 Manastash Rd., Ellensburg, WA 98926 Emergency # 509 962-2780

Drop Off 7/19/24 Place: _____ Time: _____

Pick-Up 7/21/24 Place: _____ Time: _____



Lazy F Camp and Retreat Center
 16170 Manastash Rd. Ellensburg, WA 98926
 509.962.2780 (phone) 509.962.6414 (fax)
 office@lazyfcamp.org www.lazyfcamp.org

Challenge Course Release of Liability

No one will be able to participate in Challenge Course activities without a signed Participant's Data Form and a Release of Liability Form!

Disclosure

The Challenge Course experience at Lazy F Camp & Retreat Center involves the following activities:

Orientation/Introduction – goal setting, safety briefing, learning names, and physical warm-ups.

Initiative Games – group activities that use little or no props, are low to the ground, and emphasize group decision-making and problem-solving skills, cooperation, awareness of individual's effect on the group, leadership styles, etc.

Spotting & Trust Activities – activities that teach proper spotting techniques used for safety in trust and low element events, development of trust among group members, and emphasize looking out for another's physical and emotional safety. May include the "trust fall", where participants fall back into the arms of group member from a height of 4 feet.

Team Challenge Elements – the group will use permanent structures, cables, etc. built among the trees including: a whale watch, a spiders web, a 12 ft. wall up to get over, "tight rope" walking, or trust fall activities and more.

Summit Adventure Elements– these elements are built in trees, are up to 65ft. high, and include Pirates Crossing, Climbing Tree, Vertical Playpen, Multivine, Climbing Tower, and Zip Line. Participants wear helmets and are always belayed with a climbing rope and harness.

Some of the above activities are physically rigorous. The level of participation in a challenge course activity is at all times completely up to the individual's choice. Yet there is a risk, which must be assumed by each participant that he or she may suffer an emotional or physical injury or disability. Injuries can include, but are not limited to; cable burns, rope burns, sprains, skin abrasions, and pulled/strained muscles. In the unlikely event of a failure of a helmet, belay, or other safety precautions, more serious injuries or even death could result.

The number and choice of element your group be participating on will depend on the length of time your group spends in our challenge course program and the goals of your group.

Policy for participation in the Lazy F Challenge Course experience requires that every participant must make certain health/medical information known to the course facilitator(s) prior to participation so that they are prepared to respond appropriately if the need arises. This information will be held confidential. Please be sure to complete the Participant Data form on the reverse side prior to your scheduled course visit.

Release of Liability

I, the undersigned, understand that parts of the Challenge course experience at Lazy F may be physically or emotionally demanding. I affirm my (or my child's) health is good, and that I (or my child's) am (is) not under a physician's care for any undisclosed conditions that might endanger my (or my child's) health or that of other participants. I recognize the inherent risk of injury or disability in challenge course activities.

I hereby agree to release the United Methodist Church, the Conference Camping Commission, Lazy F Camp & Retreat Center, and any of their directors, officers, staff members, or volunteers, from any liability, claims, demands, legal suit, or causes of action arising out of, or in any way connected with my participation in the Challenge Course activities, and further to indemnify them for any losses resulting from any suit brought in my name or on my behalf.

Participant's Signature _____ **Date** _____
(Parent or Guardian's Signature if under 18)

(Please print Parent or Guardian's names) Participants Name if under 18

PARTICIPANT DATA/RELEASE OF LIABILITY FORM

Name _____ Phone _____

Address _____

M _____ F _____ Birth date _____ Age _____ Height _____ Weight _____

Person to notify in case of emergency:

Name _____ Relationship _____

Address _____ Phone home _____ cell _____

MEDICAL INFORMATION

For your benefit and the safety of others, we need to be aware of any medical conditions you have that might impact your participation. All information is confidential and shared only with your group’s facilitator(s).

- 1. Do you wear: contact lens? _____ Hearing Aid? _____
- 2. Are you on any medication? _____ What kind? _____
- 3. Are you allergic to any of the following (please specify): Bug bites _____ Medication _____
Bee stings _____ Other _____
- 4. Do you have any limiting physical problems (temporary or permanent)? Y _____ N _____

If yes, please specify:

- _____ Asthma _____ Back Problems
- _____ High blood pressure _____ Kidney problems
- _____ Low blood pressure _____ Bone/joint problems
- _____ Cardiac or respiratory _____ Fear of heights
- _____ Recent surgery _____ Other

What should we know about any of the above? _____

Family Medical Insurance: _____ Yes _____ No Name of Insured: _____

Carrier: _____ Group# _____ Policy # _____

Name of family physician _____ Phone _____

I, the undersigned, have provided current, factual, and complete information on this form

Signature _____ Date _____

(Guardian, if participant is under 18 years of age)