

WAAC ATTACK 2024!

Never Fear the 12 STEPS, Your Peers are HERE

Washington Area Alateen Conference

Friday July 19-July 21, 2024

Alateen Registration Packet

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



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Lazy F Ranch
16170 Manastash Road
Ellensburg, WA

REGISTRATION IS BEING PAID FOR BY WAAC, DUE JUNE 30

Parental Permission must be third party notarized

You must have A Lazy F Waiver to participate in Zip Line and or Rock Wall
(due by **June 30**, 2024)

Mail registrations and checks for extra activities to: WAAC
c/o Eliza Daniel,

504 Prospect Ave N., Kent, WA 98030 206-375-2235

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 people whose experiences are similar to their own.

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. 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 Al-Anon Members Involved in Alateen Service may serve as a chaperone or drive an Alateen under the age of 18. Anyone who is not an Alateen member or AMIAS who wishes to attend must be approved by the WAAC committee. 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 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**), Bathing Suit, Alateen Literature, Sunscreen, Paper and Pen/Pencil, Sleeping Bag or sheets with blanket, and 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 (shows ingredients – helpful for those with allergies).
2. Fruit or vegetables – packaged such as Costco apples and veggie trays

SPECIAL ACTIVITIES ARE AVAILABLE: Zip Line and Climbing Wall. See attached LAZY F Permission Form

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 sex (**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.**

HELPFUL HINTS FOR FILLING OUT THIS FORM

If attendee is 18 years of age or older, they can fill out the entire form on their own.

If attendee is under 18 years of age, parental/guardian permission and notarization is required.

PAYMENT INFORMATION

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 is non-refundable and will not be accepted after June 30, 2024. (Email If you are that late) Registrations may be transferred with approval of registration chair and updated forms.** Please print checks; **MONEY ORDERS** are preferred. Make checks/money orders payable to WAAC.

REGISTRATION CHECK-IN STARTS @ 4:00PM IN FRONT OF TRADING POST. DURING/AFTER DINNER REGISTRATION CHECK-IN WILL BE INSIDE THE TRADING POST.

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 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 will 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 1 week prior to WAAC – 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: _____ **AND**

Parent/Guardian: Signature: _____

Attendee Email: _____ **(Print clearly)**

ALATEEN PERMISSION FORM: FOR ATTENDEE UNDER 18

THIS FORM MUST BE NOTARIZED BY NOTARY PUBLIC!

The minimum age to attend WAAC is **ELEVEN****, as of the first day of WAAC 7/19/24.

****HOWEVER, EXCEPTIONS FOR UNDER ELEVEN CAN BE MADE BY SPECIAL ARRANGEMENTS. SAID ALATEEN MUST ATTEND A WAAC COMMITTEE MEETING IN ORDER TO BE APPROVED.**

Custodial Parent/Legal Guardian: Please read, complete and sign this form. Please make two copies, one to keep and one to be given to the chaperone/driver.

Alateen: This form is to be returned with signed behavior guidelines and held on file at conference site.

PLEASE PRINT CLEARLY

1. Name: _____ (Male/Female/Preferred Pronoun) _____ Shirt Size _____

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

Home Address: _____ City: _____ State: _____

Age: _____ Date of birth: _____

Emergency Contact (not living in the home) _____ Phone (____) _____ - _____

2. Do you have Medical Insurance? Yes No

Company Name _____

Policy Number _____

3. List any diseases or possible medical problems:

4. List any allergies to medication, food, pollen, etc. _____

5. Chaperone Name _____

All medications must be turned into the camp nurse/first aid person upon arriving at camp. No meds are to be left with the teen except rescue inhalers.; Teens will need to come to the Nurse/First Aid Person to take their medications.

Please list all prescribed medications, dosage and schedule on the lines below. Include any over the counter supplements, vitamins etc. that you permit your child to take medicines and schedule, please note if your teen will need reminders.

NO SMOKING POLICY: Teens under the age of 18 yrs. are not permitted to smoke during the WAAC weekend. IF your teen smokes and is underage we cannot make an exception. Please consider having his/her doctor prescribe a nicotine patch.

MAKE SURE TO PACK ALL MEDS WITH YOUR ALATEEN! IF YOUR CHILD HAS AN EPI PIN for allergies make sure to pack some!

*****All medications must come in original bottle/package with prescribing DR's name. -**

I consent to have my child receive first aid for minor injuries or complaints by the onsite first aid person. , my child may take (**circle all that apply**) Tylenol, Ibuprofen, Antacid, Benadryl Aleve (Naproxen) for pain, Tums, Lomotil, Pepto-Bismol for digestive issues, Benadryl (for allergy relief) Initial _____

Parent Signature _____ Date _____

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Parental Permission

I, _____, custodial parent/legal guardian of the minor child _____,
Date of Birth, _____ do hereby consent to all information above, designate chaperone/driver (if not same)
_____/ _____ as health care agent for the said minor child and
authorize _____ to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or
treatment which is deemed advisable by, and is tendered under the general and special supervision of any licensed
medical and/or dental professional regardless of location, for said minor child, the same as if I has personally
consented to the same.

This authorization shall remain effective from **Friday, July 19, 2024 until Sunday, July 21, 2024.**

Form is only valid with notarization.

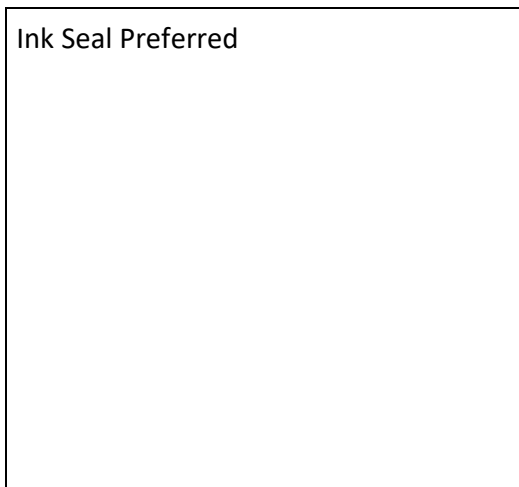
Custodial Parent or Legal Guardian (print): _____

Signature of custodial parent or legal guardian _____

State of _____ County of _____

Before me, the undersigned authority, on this day personally appeared _____ Known to me to be the person
who signed the above authorization and acknowledged to me that he/she executed the same for the purpose
therein stated. Witness my hand and seal this _____ day of _____, 20___. Expires _____

Ink Seal Preferred





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 belayed at all times 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)

****See other side****