

2025  
SOUTHERN CALIFORNIA  
ALATEEN CONFERENCE

(PENDING FINAL APPROVAL)



Friday, July 25th to Sunday, July 27th  
University of Redlands  
1200 E Colton Ave, Redlands CA 92373

For more information, contact Bear W.  
(805)766-7401  
[scac.scws@gmail.com](mailto:scac.scws@gmail.com)

**2025**

## **Southern California Alateen Conference**

(Fondly referred to as SCAC)

### **What is it?**

SCAC is an annual weekend conference for Alateen members to share their Experience, Strength and Hope with each other, and to learn, grow and have fun!

SCAC is “a safe and supportive opportunity for Alateen members in the Southern California Area to share experience, strength and hope, with other Alateens. SCAC is based on the Twelve Steps, the Twelve Traditions and the Twelve Concepts of the Al-Anon/Alateen Family Groups. The conference is known to be very effective in increasing the growth and stability of Alateen members and Alateen groups throughout Southern California.” From *Section 1.2: Purpose of the SCAC By-Laws, voted on at the October 2021 Special Assembly of Southern California World Service.*

### **What you need to know:**

1. Only Alateen members and certified AMIAS chaperones may attend SCAC.
2. To attend, Alateen members must be 12 to 18 years old. In addition, they must attend an Alateen meeting before they register and must include the name of their Alateen Group Sponsor on the registration form.
3. Transportation to and from SCAC may be by private vehicle or arranged through your local Al-Anon District.
4. Scholarships may also be available through your District. If your District does not have a scholarship fund and you need assistance to attend the conference, contact the SCAC AMIAS Chairperson listed below. SCAC is open to any Alateen member regardless of ability to pay.
5. Carefully read through this entire registration packet and follow the directions.

Questions?

Regarding the SCAC event or scholarships, contact the SCAC AMIAS Chairperson, Bear W. 805-766-7401 or by email at [scac.scws@gmail.com](mailto:scac.scws@gmail.com).

***Be Smart!***

***Send in your registration early.***

**COPY OR PRINT FORMS SINGLE SIDED ONLY**

**SCAC Registration Form: Event - July 25th 5PM to July 27th 3PM, 2025**  
**Please print as clearly as possible - Use BLACK or BLUE ink only!**

**BE SMART: Register Early!**

<b>Check One:</b> Alateen	AMIAS	District #	No. of SCAC's Attended:
Home Alateen Meeting:			
Group Sponsors Name:			

First Name:	Last Name:	Age:
Name on Badge:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

<b>Alateen Parent/Guardian</b>	
Name:	Email:
Phone:	Signature:

<b>Check One:</b>	Gender - At Birth	Male	Female	
<b>Check One:</b>	Gender - Identity	Male	Female	Other:

<b>Roommate Request (Optional)</b>	Must be agreed upon by both parties
Room With:	

**SCAC Event Fee:** \$220      Includes: 2 Nights and 6 Meals  
 Make Checks payable to: Southern California Alateen Conference

**Submit Fee & Completed Registration Packet to:**

SCAC Registration,  
 PO Box 7467,  
 Ventura, CA 93006

or

Scan & Email Registration & Pay via PayPal:  
 scac.scws@gmail.com



**Registrations must be received no later than June 29, 2025**  
**Registrations will not be accepted after that date.**

**BE SMART: Register Early!**

# Alateen Permission & Medical Consent Form for 2025 Southern California Alateen Conference

**Event Sponsors: Bear W. & Bernadette H.**

## ALATEEN MEMBER

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

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

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

City & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ALATEEN MEMBER'S MEDICAL INFO

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

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

Medication	Dosage	Time to be administered

Allergies: \_\_\_\_\_

Other Health Concerns (asthma, diabetic, etc): \_\_\_\_\_

I agree to comply with the Alateen Behavioral Guidelines and understand that I must be supervised at all times by a parent/guardian or Event Sponsor/AMIAS Chaperone, even if I am not a minor.

Alateen Member (signature): \_\_\_\_\_ Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I the undersigned parent/legal guardian of the Alateen Member stated above do hereby grant permission for the Alateen Member to participate in the event stated above and grant the Event Sponsors stated above to act on my behalf in order to authorize medical care during the event.*

## CONSENT TO TREATMENT OF A MINOR

In case of an emergency, I *the undersigned parent/legal guardian of the minor listed above* do hereby 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 and shall remain in effect

**On Friday, July 25, 5pm to Sunday, July 27, 3pm**

I acknowledge that as the parent/legal guardian of the Alateen member, I am responsible for payment of any medical services required and obtained on the Alateen member's behalf. I further hold harmless the supervising AMIAS's, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent or Legal Guardian (signature): \_\_\_\_\_ Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

First & Last Name (print): \_\_\_\_\_

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

City & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact (in case parent/guardian above is unavailable): \_\_\_\_\_

# SCAC Behavior Requirements

All attendees are expected to abide by the Area Alateen Safety & Behavioral Requirements and the additional SCAC Behavior Requirements as stated below.

1. Alateens and AMIASs are expected to be respectful toward all SCAC attendees and display appropriate behavior during SCAC. *Your behavior can attract or turn away a potential new member to the program!*
2. Alateens will check-in with their Group AMIASs at the times stated on the agenda and sign out with them before leaving SCAC.
3. Prescription medications must be turned in to the Nurse during registration check-in and must be in their original bottle with your name listed as the intended user.
4. Alateens and AMIASs are required to attend all activities stated on the agenda (unless it is marked as an Optional activity or you are assigned a task that prevents you from attending the activity).
5. To protect the anonymity of all attendees, photos or videos pertaining to SCAC or SCAC-related events may not be posted on any website accessible to the public (including social media accounts).
6. Vehicles driven to and from SCAC venue must be parked in designated locations on campus.
7. Skateboards, or other wheeled devices are not allowed on campus. (Unless medically required)
8. Purchasing or sales of merchandise is forbidden other than as approved by the SCAC Committee.
9. Phones must be off and out of sight during meetings.
10. All participants must sleep in the room assigned to you. No sleeping in the lobby, hallway, or switching rooms. You must be in your assigned room between midnight and 6am.
11. Do not move furniture or remove property belonging in the dorm room or lobby.
12. You will be financially responsible for the loss of your room key or meal card.
13. Per the facility contract, food may not be permitted in the dorm. (additional guidance needed from the facility)
14. Adhere to rules and regulations of the hosting facility.

The following are cause for being sent home.

1. Any Alateen or AMIAS that leaves the event boundaries will be considered as “checked out” and will not be permitted to return to SCAC.
2. Alateens and AMIASs are allowed to enter only the dorm building they have been assigned to (unless your assigned task requires entry; e.g., the SCAC Nurse).
3. An AMIAS must not be alone in a room with a closed door with any Alateen.
4. Alateens and AMIASs are expected to respect the property of the facility and others. You will be held responsible for damages you intentionally cause. In addition to being sent home, consequences will include financial responsibility
5. Possession of alcohol, drugs (legal or illegal), or weapons of any kind is forbidden at Alateen events.
6. SCAC is a non-smoking event, including vaping.
7. Sexual activity is prohibited for all in attendance while at the conference. (Per Guidelines G-16)
8. Any other behaviors that may be deemed serious enough to be cause for sending a participant home.

**Minors:** Your parent, guardian, or emergency contact will be contacted so they can make arrangements for your removal from the facility property. If no authorized adult is available, the emergency contact noted on the registration form will be contacted.

**Adults (18 and older):** You will be responsible for your own transportation and expected to leave immediately.

\*\*\*\*\*

**I agree to follow these requirements and understand the consequences that will result if I fail to abide by them.**

\_\_\_\_\_  
Attendee (Print name)

\_\_\_\_\_  
Attendee (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (Print name) *if Attendee is under 18*

\_\_\_\_\_  
Parent (Signature) *if Attendee is under 18*

\_\_\_\_\_  
Date

**2025 SCAC Scholarship Form**

**Southern California Alateen Conference**

**This form is for Alateens who wish to apply for financial assistance with their district for the 2025 SCAC Registration Fees.**

**Please complete and submit this form to your local district.**

*\*\* District Representative (DR) contact info can be found at [www.scws-al-anon.org](http://www.scws-al-anon.org) (click on District Meetings).*

**Alateen**

Full Alateen Name
Address
City, State, Zip
Phone

**Meeting**

Home Meeting Name
Day
Time
City

I am requesting:

- 50% scholarship assistance in the amount of \$110.00
- 100% scholarship assistance in the amount of \$220.00

These fees are provided by the local district of the requesting Alateen to participate in the Southern California Alateen Conference. These fees are non-transferable and non-negotiable for other than the event and are not required to be repaid by the Alateen.

Alateen Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sponsor/AMIAS Name (print): \_\_\_\_\_  
Sponsor/AMIAS Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sponsor cell #: (\_\_\_\_\_) \_\_\_\_\_

**Attention Districts**

Please approve form and return with checks made payable to: Southern California Alateen Conference  
Note: If your District does not have sufficient funds for Alateens, contact the SCAC AMIAS Chair for assistance.

**Mail to:**  
SCAC Registration  
PO Box 7647  
Ventura, CA 93006

Note: If your District does not have sufficient funds for Alateens, contact the SCAC AMIAS Chair for assistance.

(For completion by the district)	
District Representative Name, print: _____	
Signature: _____	Date: _____

# SCAC 2025 Merchandise - Order Form:

If you are ordering, turn in this form and payment with your registration packet  
or mail to:  
**SCAC Registration**  
**PO Box 7467**  
**Ventura, CA 93006**

## T-Shirts \$30.00

Please make check payable to: Southern California Alateen Conference

Size:        S        M        L        XL        Other \_\_\_\_        Quantity \_\_\_\_\_

Crew neck \_\_\_\_\_        V-Neck \_\_\_\_\_

First Name \_\_\_\_\_        Last Name \_\_\_\_\_

Payment Information:        Check        Cash        Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_        Phone Number \_\_\_\_\_

Size:        S        M        L        XL        Other \_\_\_\_        Quantity \_\_\_\_\_

Crew neck \_\_\_\_\_        V-Neck \_\_\_\_\_

First Name \_\_\_\_\_        Last Name \_\_\_\_\_

Payment Information:        Check        Cash        Amount        \$ \_\_\_\_\_

Check # \_\_\_\_\_        Phone Number \_\_\_\_\_

## Mugs \$25.00

Please make check payable to: Southern California Alateen Conference

Quantity \_\_\_\_\_

First Name \_\_\_\_\_        Last Name \_\_\_\_\_

Payment Information:        Check        Cash        Amount        \$ \_\_\_\_\_

Check # \_\_\_\_\_        Phone Number \_\_\_\_\_

<b>TOTAL</b>	\$ _____
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## RELEASE FORM FOR MINOR DRIVERS

**This form is for Alateen minors who will be transporting themselves at the end of the event OR will be transported by another Alateen member at the end of the event.**

### Alateen MINOR

(being released without parent, guardian, AMIAS signature)

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

### Alateen DRIVER

(write SELF if Alateen is driving themselves)

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

I authorize my child to be released at the end of the end of **2025 SCAC** without a parent, guardian, or AMIAS present to sign them out. I further hold harmless Southern California Alateen Conference, Inc (aka SCAC) and any adult involved in the event should harm come to my child after they have signed themselves out.

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

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

Parent or Legal Guardian (phone): (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

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

*Please bring this form to the event stated above and submit it during check-out*



# **SUGGESTED SCAC PACKING LIST**

## WHAT TO BRING

- Bedding
  - Sleeping Bag *or* twin bed sheets & blanket
  - Pillow and pillowcase
- Bath Towel and hand towel
- Shower shoes and/or bath rug
- Medications – ***must be in the original container with your name on the label as the prescribed user.***
- Toiletries
  - Deodorant
  - Toothbrush & Toothpaste
  - Shampoo/Conditioner
  - Comb/Brush
  - Soap
  - Feminine products (*if needed*)
- Sunglasses
- Sunscreen and/or hat
- Cool Clothes
  - The temperature can vary
- Refillable water bottle (*write your name on it*)

***Meals will be provided for:  
Saturday - lunch and dinner, Sunday – breakfast and lunch.***

## WHAT **NOT** TO BRING

- \*\*\* Do NOT bring alcohol or drugs (including medically prescribed marijuana)
- \*\*\* Do NOT bring weapons (including pocket knives, pepper spray, and mace).
- \*\*\* Do NOT bring valuables – If you can't afford to lose it, don't bring it!

## Directions to University of Redlands



### **from Orange County:**

Take the **CA-91 EAST** exit toward **RIVERSIDE**  
**CA-91 EAST** becomes **I-215 NORTH** - go **5.6** mi  
Take the **I-10 EAST** exit toward **REDLANDS** - go **7.8** mi  
Take the **UNIVERSITY STREET** exit  
Turn left on **N UNIVERSITY ST** - go **0.5** mi  
Turn right on **E COLTON AVE** - go **0.2** mi  
Turn left on second street – Arrive at SCAC!!!

### **from Los Angeles:**

Take **I-10 EAST** toward **SAN BERNARDINO**  
Take the **UNIVERSITY STREET** exit  
Turn left on **N UNIVERSITY ST** - go **0.5** mi  
Turn right on **E COLTON AVE** - go **0.2** mi  
Turn left on second street – Arrive at SCAC!!!

### **from San Bernardino:**

From the **I-10 FWY**  
Take the **UNIVERSITY STREET** exit  
Go **NORTH** on **N UNIVERSITY ST** - go **0.5** mi  
Turn right on **E COLTON AVE** - go **0.2** mi  
Turn left on second street – Arrive at SCAC!!!