



# ONTARIO SOUTH ASSEMBLY (AREA 86)

AL-ANON/ALATEEN FAMILY GROUPS

SECTION 10: FORMS & Miscellaneous

FORM A: INFORMATION AND PERMISSION FORM – ALATEEN

Page 1 of 1

2011 08

**The information on this form is private and confidential,  
and MUST be destroyed after the event.**

PLEASE PRINT CLEARLY

## Participant Information

First and Last Name: \_\_\_\_\_

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

Home Group: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

**When a participant under 18 years of age is being left in the meeting room by Parent/Guardian, permission and contact information is required. Please leave cell phone on vibrate in case we need to contact you. If no cell phone, which meeting you are planning to attend.**

## CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_ OR Meeting: \_\_\_\_\_

**When a participant is attending an event without a Parent/Guardian, contact information in case of an emergency is required.**

## CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: \_\_\_\_\_

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

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

During this event, I can be reached at: \_\_\_\_\_

If participant is under 18 years of age, the Parent/Guardian is responsible for any damages incurred by their child/ren at this event. I grant permission for the participant named in this form to attend the event listed on this form.

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

2<sup>nd</sup> Contact Name: \_\_\_\_\_

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

## Adult Escort Information

First and Last Name: \_\_\_\_\_

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

## EVENT INFORMATION

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

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