



**Hemophilia Federation of America Annual Meeting and Symposium
The Peabody Hotel – Little Rock, Arkansas - May 2-3, 2008
CHILD/TEEN REGISTRATION FORM**

**** There is NO onsite registration for the Children/Teen Program.****

To attend Symposium 2008, all individuals under age 18 MUST be accompanied by a responsible adult.

To register: (Registration Deadline – April 15, 2008.)
Mail: Hemophilia Federation of America 1405 W. Pinhook Rd, Suite. 101, Lafayette, LA, 70503
FAX: 337-261-1787 **Questions:** Toll Free at (800) 230-9797

This registration form is intended for children and teens living at home with parent(s).
 It must accompany an Adult Registration form.

**Please complete a form for each child attending.
 Indicate the type of registration below.**

- _____ Child (infant- 5 years old)
- _____ Child (6-11 years)
- _____ Teen (12 –18 years old) *** (Heifer Ranch 2-day off-site Camp will require advanced registration. Complete camp packet will be sent upon receipt of registration. There is limited space available.)



SECTION 1: ALL REGISTRANTS

Parents/ Legal Guardian _____

Address _____ **City/State/Zip** _____ **Home Phone Number** _____

Cell Phone _____ **Pager** _____

Child's Last Name _____ **First Name** _____ **Nickname** _____ **Date of Birth (required)** _____ **Age** _____ **Male / Female** _____

Child's Relationship to Hemophilia:

___ Factor VIII ___ Factor IX ___ VwD ___ Carrier ___ Family Member ___ Inhibitor Other (explain) _____

***Please be advised that some activities planned for Friday & Saturday, May 2-3 for both Children's and Teen Programs may take place offsite. Do you grant permission for the child in your care to go on a chaperoned fieldtrip? (Please circle your choice) **YES NO**

Please list ALL medical conditions, and include ALL medications (including FACTOR), as well as any other information necessary to ensure your child's safety.

***The undersigned parent/legal guardian hereby consents to their *child*, _____, participating in the activities of the Hemophilia Federation of America's HFA Kids/Teen Connection program at its Symposium 2008 event in Little Rock, AR. The undersigned parent/legal guardian does hereby release, hold harmless and agree to indemnify, the Hemophilia Federation of America from any and all liability resulting from the participation of said child in the activities sponsored and conducted by the Hemophilia Federation of America's Children's/Teen's Programs.

Parent/Legal Guardian Signature _____ **Date** _____

Do you or your spouse have health/accident insurance? ___ YES ___NO If yes, please supply the following:

Company Name _____ Company phone number _____

Company Address _____ Policy Number _____

Policy Holder _____