



**CHILD/TEEN REGISTRATION**  
 Hemophilia Federation of America  
 Annual Meeting and Symposium  
 The Westin Crown Center - Kansas City, MO  
 April 23-24, 2010



To attend Smposium 2010, all individulas under age 18 MUST be accompanied by a responsible adult.

To Register: **(Registration Deadline - April 9th, 2010.)**

Mail: Hemophilia Federation of America 210 7th Street SE Ste 200B, Washington, DC 20003

Fax: 202.675.6983 Questions call 1.800.290.9797 or 202.675.6984

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

**Please complete a form for each child attending.**

**Indicate the type of registration below.**

\_\_\_\_\_ Child (infant - 2 years) \_\_\_\_\_ Child (3 - 4 years) \_\_\_\_\_ Child (5 - 8 years)

\_\_\_\_\_ Child (9 -12 years) \_\_\_\_\_ Teen (13 - 18 years)

**Section 1: ALL REGISTRANTS**

Parents Legal Guardian:

\_\_\_\_\_  
 \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Home Phone: \_\_\_\_\_ Pager \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth (required) \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child's Relation to Hemophilia/Other Bleeding Disorder (Circle)

Factor VIII | Factor IX | other Factor \_\_\_\_\_

vonWillebrand's | Family Member | Friend of Family

Carrier | Inhibitor | Other \_\_\_\_\_

\*\*\*Please be advised that some activities planned for Friday & Saturday, April 23 & 24th 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 2010 event in Kansas City, MO. 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 \_\_\_\_\_

