

**Texas Bleeding Disorders Conference August 4-6, 2017**  
**YOUTH REGISTRATION FORM**

**(Please complete a separate form for each child age 18 and under. Submit with Family Registration)**

**Youth Name:** \_\_\_\_\_  
First, Last

Male / Female      Date of Birth: \_\_\_\_\_      Age as of 08/04/2017: \_\_\_\_\_

\_\_\_\_ Under 6 mos    \_\_\_\_ 6 mos – 2 yrs    \_\_\_\_ 3 – 5 yrs    \_\_\_\_ 6 – 9 yrs    \_\_\_\_ 10 – 13 yrs    \_\_\_\_ 14 – 18 yrs

Parent/Legal Guardian Name(s): \_\_\_\_\_

Relationship to Child:      Mother / Father / Other: \_\_\_\_\_

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

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

Cell number(s) you can be reached at during the conference: \_\_\_\_\_

Which family member has a Bleeding Disorder:

\_\_\_\_ Child    \_\_\_\_ Parent    \_\_\_\_ Sibling    \_\_\_\_ Other Family Member    \_\_\_\_ Other

If Child, Type:    \_\_\_\_ Factor VIII    \_\_\_\_ Factor IX    \_\_\_\_ Other Factor Def.    \_\_\_\_ vWD    \_\_\_\_ Carrier

Please list ALL medical conditions, allergies etc, and include ALL medications (including FACTOR), as well as any other information necessary to ensure your child's safety during the conference:

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Do you authorize the use of photographs and/or videos for LSC's and TexCen's use only?    Yes / No

*\*\*The undersigned parent/legal guardian hereby consents to allow this child to participate in the activities of the Lone Star Chapter of the NHF and Texas Central Hemophilia Association Youth/Teen program at the Texas Bleeding Disorders Conference in The Woodlands, TX, on August 4-6, 2017. The undersigned parent/legal guardian does hereby release, hold harmless and agree to indemnify, the Lone Star Chapter of the NHF and Texas Central Hemophilia Association from any and all liability resulting from the participation of said child in the activities sponsored and conducted by the Lone Star Chapter of the NHF and Texas Central Hemophilia Association.*

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_