

Texas Bleeding Disorders Conference August 3-5, 2018
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 08/03/2018: _____

____ 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:

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 San Antonio, TX, on August 3-5, 2018. 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** _____