



**Texas Central Hemophilia Association**  
**Teen Retreat Registration**  
**May 5-6, 2018**

**This event is open for teens, both boys and girls, aged 13-18, who have a bleeding disorder, or are an unaffected sibling or have a parent with a bleeding disorder.**

**YOU MUST RSVP TO THE OFFICE BY PHONE OR EMAIL NO LATER THAN APRIL 27th TO ATTEND THIS EVENT AS SPACE IS LIMITED.**

**PLEASE RETURN THESE FORMS PRIOR TO ATTENDANCE.**

*Forms must be turned in before the individual can participate. If no forms are received, the individual will not be allowed to attend.*

Email forms to: [mail@texcen.org](mailto:mail@texcen.org)

Call with questions: 972-386-3865 OR

Mail forms to: Texas Central Hemophilia Association OR  
12700 Hillcrest Rd., Suite 191  
Dallas, TX 75230

-Email questions: [mail@texcen.org](mailto:mail@texcen.org)

**Please understand that no medical personnel will be along on this trip. Be sure to be completely comfortable with your own bleeding disorder medication and dosage. All non-bleeding disorder medication will be collected at check in. Bleeding disorder medication and supplies will be kept by the participant. There is a refrigerator in each room.**



## Texas Central Hemophilia Association

### Teen Retreat | Registration Form

May 5-6, 2018

**Each participant will need to submit their own form even if they are in the same family.**

**How will you be traveling to the event? \*The weekend will begin at 9 am with an overnight at the Loyd Park Lodge (3401 Ragland Rd., Grand Prairie, TX 75052)\***

\_\_\_ Dropped off at Loyd Park Lodge on Saturday May 5th at 9 am

\_\_\_ I need help with special travel arrangements.

**How will you be traveling home from the event?**

\_\_\_ Picked up at Loyd Park Lodge on Sunday, May 6th at 12 pm

\_\_\_ I need help with special travel arrangements.

\_\_\_\_\_ will be dropping off the teen at the location listed above on Saturday, May 5th and their phone number is \_\_\_\_\_.

\_\_\_\_\_ will be picking up the teen at the location listed above on Sunday, May 6th and their phone number is \_\_\_\_\_.

*\*\*\*phone numbers of the adults dropping off and picking up are vital in case parents are running late.*

### **Participant's Information**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade in school during 17/18 school year: \_\_\_\_\_ Cell phone # of the teen: \_\_\_\_\_

Parent Name/Phone Number (Cell number is best): \_\_\_\_\_

Parent Name/Phone Number (Cell number is best): \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**Emergency Contact (NOT PARENT BUT A DIFFERENT CONTACT)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Best emergency contact phone: \_\_\_\_\_ Language: \_\_\_\_\_

**Medications**

- You must be able to self-treat for your bleeding disorder
- You will be expected to bring your own medications and infusion supplies (some medications may be asked for at the beginning of the program and distributed by TexCen staff)
- Bring enough meds for 2 days, plus a trauma dose
- **TEXCEN WILL NOT HAVE EXTRA FACTOR MEDICATION ON HAND**

I have read and understand the above information:

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

**Medical History Information**

Primary Physician: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_

**Health Insurance:**

Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

**Health History:**

Bleeding disorder Severity: \_\_\_\_\_ Product Dose: \_\_\_\_\_

What days do you infuse? \_\_\_\_\_ Date of last infusion: \_\_\_\_\_

Are you currently treating a bleed? Yes / No If yes, where is the bleed located: \_\_\_\_\_

How are you treating the bleed? \_\_\_\_\_

**Diagnosed Conditions:**

**Allergies:**

**Physical Aids:**

___ Asthma	___ Deafness/Ear Infections	___ Hay Fever	___ Food*	___ Glasses/Contacts
___ Diabetes	___ Immune Compromised	___ Medicines*	___ Insect Bites*	___ Crutches/Other _____
___ Epilepsy/Convulsions		___ Penicillin		
___ Other* _____				

*\* Please list specifics below\**

Other: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Chronic Conditions: \_\_\_\_\_

Other medical problems or conditions: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL CARE**

The above health history is correct to the best of my knowledge. I hereby grant permissions to any medical personnel selected by the Texas Central Hemophilia Association to order x-rays, routine tests and treatment for the above named person in the event that the person to be notified in case of emergency cannot be reached. I also grant permission to the physician selected by the Texas Central Hemophilia Association to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and for surgery if deemed necessary by aforementioned personnel for the participant named above.

Participant Signature (only if over 18) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK**

I certify that I am fully capable of participating in and being a participant of the Teen retreat program that will be held Saturday, May 5-6th, 2018.

Therefore, I assume responsibility for myself for bodily injury, death, and loss of personal property and expenses thereof as a result of my negligence while participating in the above stated activities, except to the extent of such damage or injury can be shown to be due to the negligence of the Texas Central Hemophilia Association. I further understand the Texas Central Hemophilia Association personnel reserves the right to refuse participation for any person judged to be incapable of meeting the rigors and requirements of participating in this activity. If you have any questions regarding this form, please contact the TexCen office at 972-386-3865.

I have read, understand and fully accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in said activity.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE**

From time to time, the Texas Central Hemophilia Association will want to use photos from the Teen Retreat to promote its program and activities. We would like permission to be able to use your child's image for that purpose. I give my permission to use my child's image in print, video, or electronic media, including internet and social media.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **BEHAVIOR CONTRACT**

The TexCen Teen Program adheres to the highest safety standards and regulations. We maintain values of caring, honesty, respect and responsibility.

Disciplinary Process: Most disciplinary situations during the Teen Program are minor and can be resolved with minimal corrections. Initially, discipline can be in the form of a verbal reminder of behavior expectations by TexCen adult volunteers. Teen Program volunteers use discipline as a learning opportunity for the teen and try to integrate problem-solving skills into the discussion.

However, if the negative behavior continues the following steps may be instituted.

1. Discussion between the participant and TexCen adult volunteer
2. Discussion between the participant, TexCen adult volunteer and TexCen Executive Director regarding behavior expectations.
3. If the conduct continues, a documented behavior contract may be instituted and signed by participant, TexCen adult volunteer, and TexCen Executive Director.
4. TexCen Executive Director will contact parent/guardian to inform them of situation and to discuss possible options up to and including sending the participant home.
5. TexCen Executive Director will contact parent/guardian to make arrangements for the participant to be picked up by the parent/guardian at the location where the Teen Program is occurring.

Although the above steps may be implemented, TexCen adult volunteers/staff retains the right to take immediate action if the participant's behavior poses a threat to their own safety, the safety of others in the program, or TexCen volunteers/staff.

**Tobacco products, alcohol, illegal drugs, weapons, and sexually explicit material and/or behavior are grounds for immediate dismissal from the Teen Program and from future participation in any Teen Program offered by TexCen. Such behavior also jeopardizes that person's participation in other TexCen programs.**

I accept the rules and disciplinary action as described above and agree to be on my best behavior while attending TexCen Teen Programs. I understand that my behavior could have an impact, especially if it is negative behavior, on the future of TexCen Teen Programs.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Both signatures are required so everyone understands the consequences if disciplinary action is required)