

BABY CARE/ ACTIVITY PROGRAM FOR KIDS & TEENS REGISTRATION FORM

Please check appropriate box (required).

- Babycare Program: ages 6 months–3 years**
 Activity Program for Kids: ages 4–12 years
Features fun activities, field trips, and educational programs.
 4-6 years 7-9 years 10-12 years
 Activity Program for Teens: ages 13–17 years

There is **NO onsite registration or substitution** for this program. Form cannot be processed without \$50.00 fee and parent/guardian registration form(s).

A separate registration form must be submitted for each child (ages 6 months–17 years) participating in these programs. The \$50 fee per child will help offset the costs of this two-day program. This form must be postmarked no later than **Monday, September 19, 2011**.

Please print clearly or type, and complete a registration form for each child. Feel free to duplicate this form as necessary.

ATTENDEE INFORMATION

Child's Name _____

City State Zip Code _____

Gender Male Female **Date of Birth** _____
(MM/DD/YYYY) Age at time of meeting (Ages 6 months–17)

Dr. Mr. Mrs. Ms.

IMPORTANT INFORMATION

Parent/Guardian Attending Annual Meeting (First and Last Name) Relationship to Child _____

Daytime Phone Number (Including Area Code) _____

Parent's/Guardian's Pager or Cellular Number (to reach you onsite in case of emergency—**required**) _____

Hotel Staying at for Annual Meeting _____

Please complete the following information (optional)

(Your information is confidential and can help us to plan/develop new programs for your benefit)

Consumer: Person with a bleeding disorder Family member of a person with a bleeding disorder

Type of Disorder: Hemophilia VWD Other _____

Racial/Ethnic Background: Caucasian African-American Latino Asian/Pacific Islander Native American Other _____

Insurance Information

Do you or your spouse have health/accident insurance? Yes No **IMPORTANT INFORMATION**
If yes, please supply insurance information.

Company's Name _____

Company's Address _____

City State Zip Code _____

Company's Phone Number (Including Area Code) Policy Number _____

Policy Holder

BABY CARE/ ACTIVITY PROGRAM FOR KIDS & TEENS REGISTRATION FORM (cont'd)

Please complete all items clearly, and sign the bottom of the form.

Does your child have any special dietary needs? Yes If yes, please explain.

No

Does your child have any medical problems, allergies, limiting disabilities, or is s/he taking any medications (prescribed or otherwise)? Yes If yes, please explain. (Note: NHF employees cannot administer medication to program participants.)

No

Do you grant permission for your child (ages 4–17 only) to go on a field trip without your supervision? Yes No
(NOTE: Children who are not permitted on the field trip cannot participate in the Activity Program for Kids & Teens as the trip is the only offering.)

Will your child be attending the Final Night Event? Yes No

(Your child's ticket is included in **your** onsite meeting materials. If you have children who are not participating in Activity Program for Kids & Teens but plan to attend the Final Night Event, additional tickets may be purchased onsite @ \$30/person.)

Disclosure

The Activity Program for Kids & Teens at the NHF Annual Meeting will involve a variety of activities that often include group games, group problem-solving, discussions, and physical activities. Participation is, at all times, completely up to the individual. NHF staff and volunteers will provide supervision and facilitation. Independent of NHF, the contracted childcare company, a wholly separate entity from NHF, will provide professionally bonded childcare workers.

Release of Liability

I understand that parts of the NHF Annual Meeting Babycare/ Activity Program for Kids & Teens may be physically/emotionally demanding. I affirm that my child's health is good and that s/he is not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I understand that each participant assumes the risk of possible injury resulting from these activities. I release NHF, its staff, volunteers, and anyone assisting with activities from liability for any injury, loss, or damage during participation. In the event of an emergency, I understand that an effort will be made to contact me. I also agree to remain on premises (at the hotel) during the Babycare/ Activity Program for Kids & Teens. If contact is impossible, I give permission for emergency medical attention, including treatment as recommended by an attending physician, to be administered to my child. I understand that I am responsible for any necessary medical costs.

Parent/Guardian Signature Date

**Babycare/ Activity Program for Kids & Teens must be postmarked by Monday, September 19, 2011.
There is no onsite registration for this program.**

Registration for NHF's 63rd Annual Meeting Babycare Program/ Activity Program for Kids & Teens implies consent that any pictures, videos, and/or audio taping taken during the meeting, program and/or NHF-related events can be used by NHF for Annual Meeting coverage and for promotional purposes. Please notify the photographer, video/audio taper if you do not want your child's picture/voice taken/recorded or used for promotional purposes.