

2015 Annual Meeting
 Saturday August 8th and Sunday August 9th, 2015

DAYCARE (0 MONTHS – 3 YEARS) PROGRAM REGISTRATION
Registration Deadline: Friday, July 24, 2015

Please complete a separate registration form for each child (0 months – 3 years) who will be participating in the Daycare Program. Please complete all information. Form may be copied if needed.

Child's Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Do you have a cell phone? Yes No If yes, provide your cell phone number _____

IN THE EVENT OF AN INJURY, WE WILL CALL YOU; HAVE YOUR CELL PHONE ON AT ALL TIMES.

Does this child have a bleeding disorder? Yes No
 If "Yes" Type: _____ Severity: _____ Inhibitor? Yes No
 Is this child on Prophylaxis? Yes No Will he/she be treated prophylactically on Saturday? Yes No
 Does this child have a port or central line? Yes No
 Does this child have allergies? (i.e. food, latex, etc.) Yes No _____
 Does this child need medication? Yes No _____
*Only prescription medications in their original container will be allowed. **You are responsible for any medications needed.***

Time to administer _____ Assistance or Reminder Needed _____ Parent plans to give Yes No

Does this child have **any** special needs? Yes No _____

A Continental Breakfast and

Please check one drink choice for your child:

Lunch will be provided

milk juice water

You are responsible for any Baby food and utensils

Formula (You are responsible to provide)

Please check the following if this child is 6 years or younger:

Is this child potty trained? Yes No (**bring bottles/formula, diapers, wipes and change of clothes**)

Does this child nap? Yes No Usual nap time: _____ Naptime routine: _____

When this child is sad, how does he/she like to be comforted? _____

PERMISSION AND RELEASE OF LIABILITY

In consideration of my child's participation in program activities, I authorize my child's participation in the designated hotel activities on Saturday, August 8, 2015 and picture taking by chaperones for possible use in websites, brochures, mailings or other materials approved by the Board of Directors.

I also agree that at least one parent or guardian will be on the hotel premises at all times throughout the Annual Meeting and that, if, at any time during the youth program at the hotel my child becomes ill, his/her behavior becomes unruly, or wishes to leave the program, the adult chaperones will notify me at the hotel and it will be my responsibility to attend to his/her needs.

I understand that Hemophilia of Indiana makes reasonable efforts to provide a safe environment for program activities but that it and its chaperones are not responsible for accidents or injuries that may occur during the weekend program.

Parent or Legal Guardian: _____

Date: _____

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YOUTH (4 – 8 YEARS) PROGRAM REGISTRATION
Registration Deadline: Friday, July 24, 2015

Please complete a separate registration form for each child (4 – 8 years) who will be participating in the Youth Program. Please complete all information. Form may be copied if needed.

Child's Name: _____ Age: _____ Date of Birth: _____

Grade in School in September: _____

Parent/Guardian Names: _____

Do you have a cell phone? Yes No If yes, provide your cell phone number _____

IN THE EVENT OF AN INCIDENT, WE WILL CALL YOU; HAVE YOUR CELL PHONE ON AT ALL TIMES.

Does this child have a bleeding disorder? Yes No

If "Yes" Type: _____ Severity: _____ Inhibitor? Yes No

Is this child on Prophylaxis? Yes No

Will s/he be treated prophylactically on Saturday? Yes No

Does this child have allergies? (i.e. food, latex, etc.) Yes No _____

Does this child need medication? Yes No _____

Only prescription medications in their original container will be allowed. You are responsible for any medications needed.

Time to administer _____ Assistance or Reminder Needed _____ Parent plans to give Yes No

Does this child have any special needs? Yes No _____

A Continental Breakfast and

Please check one drink choice for your child:

lunch will be provided

milk juice water

Please check the following:

Is this child potty trained? Yes No Working on it (**bring diapers, wipes and change of clothes**)

Does this child nap? Yes No Usual nap time: _____ Naptime routine: _____

When this child is sad, how does s/he like to be comforted? _____

PERMISSION AND RELEASE OF LIABILITY

In consideration of my child's participation in program activities, I authorize my child's participation in the designated hotel activities Saturday, August 8, 2015, and picture taking by chaperones for possible use in websites, brochures, mailings or other materials approved by the Board of Directors.

I also agree that at least one parent or guardian will be on the hotel premises at all times throughout the Annual Meeting and that, if, at any time during the youth program at the hotel my child becomes ill, his/her behavior becomes unruly, or wishes to leave the program, the adult chaperones will notify me at the hotel and it will be my responsibility to attend to his/her needs.

I understand that Hemophilia of Indiana makes reasonable efforts to provide a safe environment for activities but that it and its chaperones are not responsible for accidents or injuries that may occur during the weekend program.

Parent/Guardian: _____

Date: _____

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YOUTH (9– 13 YEARS) PROGRAM REGISTRATION
Registration Deadline: Friday, July 24, 2015

Please complete a separate registration form for each child (9-13 years) who will be participating in the Youth Program. Please complete all information. Form may be copied if needed.

Child's Name: _____ Age: _____ Date of Birth: _____

Grade in School in September: _____

Parent/Guardian Name: _____

Do you have a cell phone? Yes No If yes, provide your cell phone number _____

IN THE EVENT OF AN INCIDENT, WE WILL CALL YOU; HAVE YOUR CELL PHONE ON AT ALL TIMES.

Does this child have a bleeding disorder? Yes No

If "Yes" Type: _____ Severity: _____ Inhibitor? Yes No

Is this child on Prophylaxis? Yes No

Will he/she be treated prophylactically on Saturday? Yes No

Does this child have a port or central line? Yes No

Does this child have allergies? (i.e. food, latex, etc.) Yes No _____

Does this child need medication? Yes No _____

*Only prescription medications in their original container will be allowed. **You are responsible for any medications needed.***

Time to administer _____ Assistance or Reminder Needed _____ Parent plans to give Yes No

Does this child have **any** special needs? Yes No _____

PERMISSION AND RELEASE OF LIABILITY

In consideration of my child's participation in program activities, I authorize my child's participation in the designated activities on Saturday, August 8, 2015, and picture taking by chaperones for possible use in websites, brochures, advocacy mailings or other materials approved by the Board of Directors.

I also agree that at least one parent or guardian will be on the hotel premises at all times throughout the Annual Meeting and that, if, at any time during the youth program my child becomes ill, his/her behavior becomes unruly, or wishes to leave the program, the adult chaperones will notify me at the hotel and it will be my responsibility to attend to his/her needs (including traveling to the activity site).

I understand that Hemophilia of Indiana makes reasonable efforts to provide a safe environment for program activities but that it and its chaperones are not responsible for accidents or injuries that may occur during the weekend program.

Parent or Legal Guardian: _____ Date: _____

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TEEN (14 – 18 YEARS) PROGRAM REGISTRATION
Registration Deadline: Friday, July 24, 2015

Please complete a separate registration form for each teen (14 – 18 years) who will be participating in the Teen Program. Please complete all information. Form may be copied if needed.

Teen's Name: _____ Age: _____ Date of Birth: _____

Grade in School in September: _____

Parent/Guardian Name: _____

Do you have a cell phone? Yes No If yes, provide your cell phone number _____

IN THE EVENT OF AN INCIDENT, WE WILL CALL YOU; HAVE YOUR CELL PHONE ON AT ALL TIMES.

Does this child have a bleeding disorder? Yes No
If "Yes" Type: _____ Severity: _____ Inhibitor? Yes No
Is this child on Prophylaxis? Yes No
Will he/she be treated prophylactically on Saturday? Yes No
Does this child have allergies? (i.e. food, latex, etc.) Yes No _____

Does this child have **any** special needs? Yes No _____

PERMISSION AND RELEASE OF LIABILITY

Parents,

The Teen Program at the hotel does not provide supervision to and from activities. Please encourage your teens to act responsibly (stay on the hotel property, act maturely, refrain from inappropriate behavior). To encourage responsible behavior, teens will be asked to sign a contract about expectations for the weekend.

I, (Parent/Guardian) _____, permit _____ (Teen Name) to:

- A. Participate in the Teen Program/Lambert on the hotel grounds throughout the weekend.
- B. Have my teen participate in the designated activities on Saturday August 8th, 2015
- C. Have my child photographed by chaperones for possible use in its websites, brochures, mailings or other printed materials generated by the Community connected to it and its mission.

I also agree that at least one parent or guardian will be on the hotel premises at all times throughout the Annual Meeting and that, if, at any time during the youth program at the hotel my child becomes ill, his/her behavior becomes unruly, or s/he wishes to leave the program, the adult chaperones will notify me at the hotel and it will be my responsibility to attend to his/her needs.

I understand that Hemophilia of Indiana makes reasonable efforts to provide a safe environment for program activities but that it and its chaperones are not responsible for accidents or injuries that may occur during the weekend program.

Parent or Legal Guardian: _____ Date: _____

Teen signature to denote agreement: _____