



*Hemophilia of
North Carolina*

Toll free: 800-990-5557
Local: 919-319-0014
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P. O. Box 70
Cary, NC 27512

2009 Teen Weekend

September 18-20, 2009 — Charlotte, NC

Registration — Please Complete One Form Per Participant

PLEASE PRINT:

NAME: _____ NICKNAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ HOME PHONE: _____

EMAIL: _____ CELL PHONE: _____

AGE: _____ DATE OF BIRTH: _____ DO YOU SELF-INFUSE? YES NO NOT APPLICABLE

PRIMARY DOCTOR: _____ PHONE: _____

HTC/HEMATOLOGIST: _____ PHONE: _____

PARENT/GUARDIAN NAME: _____

PHONE-HOME: _____ WORK: _____ CELL: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY, STATE, ZIP: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE — HOME: _____ CELL: _____

OTHER PERTINENT HEALTH HISTORY: _____

INSURANCE INFORMATION:

INSURANCE COMPANY NAME/MEDICAID/MEDICARE: _____

POLICY #: _____ GROUP #: _____ PHONE: _____

Hemophilia of North Carolina Teen Weekend 2009

PARENT/GUARDIAN PERMISSION TO TREAT STATEMENT: I give my permission for

_____ to take part in the HNC Teen Weekend activities. In consideration of the benefits derived, I expressly waive all claims against US National Whitewater Center, Homewood Suites, Leading Edge and Hemophilia of North Carolina, its officers, trustees, employees, and the National Hemophilia Foundation or their representatives on account of any accident, injury and/or illness that may occurs to my child during the weekend.

I grant permission for my child to receive treatments for Hemophilia, von Willebrand disease, or any other medical problems while at the weekend. In the event of a medical emergency, I grant permission for my child to be transferred to and treated at a medical facility. I will be responsible for all costs incurred for emergency or inpatient care.

I grant permission to photograph my child, which may be used for publication purposes.

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT BEHAVIOR EXPECTATION CONTRACT: By attending the Hemophilia of North Carolina Teen Weekend, I, _____ agree to:

- Show respect to other teen weekend participants, facilitators and guests, and most importantly, to myself. This includes following the instructions of the facilitators, participating in activities presented, and refraining from put-downs or other hurtful behavior directed towards others.
- Abstain from using or bringing illegal drugs, alcohol or weapons (including pocket knives) to teen weekend.
- Refrain from inappropriate language and gestures.
- Follow all rules and guidelines set forth by the US National Whitewater Center.

If I fail to follow these guidelines, I understand that I will be asked to leave the teen weekend and may not be invited to future programs sponsored by Hemophilia of North Carolina.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TRAVEL INFORMATION: Participants are expected to provide their own transportation to and from this event. However, if travel assistance is needed, please contact HNC for information.

**Please return completed forms to: Sue Cowell, Executive Director
Hemophilia of North Carolina ♦ PO Box 70 ♦ Cary, NC 27512
Phone: (800) 990-5557 ♦ Fax: (919) 319-0016**

The registration deadline is Thursday, September 3, 2009.

Registration forms are also available online on our web site: www.hemophilia-nc.org.

If you have reserved a space, but later learn that you will be unable to attend, please let us know. It's important that we provide an accurate advance count to our food vendors, who must charge us on a per-person basis. It will also help us better accommodate last-minute registrants for whom we might otherwise not have enough space reserved.

Thank you!