



FLORIDA HEMOPHILIA ASSOCIATION

for all bleeding disorders

(B)LEAD: Action League of Bleeders Teen and Young Adult Retreat (ages 14 – 25) October 14 - 16, 2022

FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
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AGE (at the time of the program)	DATE OF BIRTH
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HOME ADDRESS

CITY	STATE	ZIP CODE
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E-MAIL	PHONE NUMBER	CELL PHONE
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PARENT/GUARDIAN NAME <i>(If you are under 18 years old)</i>	HOME PHONE	CELL PHONE
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EMERGENCY CONTACT	RELATIONSHIP
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PHONE NUMBER	ALTERNATE PHONE
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NAME OF HEMATOLOGIST/PHYSICIAN	PHONE NUMBER
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NAME OF HEMOPHILIA TREATMENT CENTER OR AFFILIATION	PHONE NUMBER
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FOOD ALLERGIES: YES NO

If Yes, list here:

DRUG ALLERGIES: YES NO

If Yes, list here:

DIETARY NEEDS (vegetarian, vegan, GF, celiac, etc.):

Please list here:

How did you hear about the Teen and Young Adult Retreat? My local chapter HTC Sibling/Friend

Other _____

BLEEDING DISORDER DIAGNOSIS

Factor VIII Deficiency Factor IX Deficiency Other _____

Von Willebrand's Disease: Type I Type II Type III

Factor activity level _____ % Other factor deficiency (type) _____

Platelet dysfunction _____ Immune tolerance _____

Carrier If so, which bleeding disorder? _____

Family member of someone with a bleeding disorder If so, which bleeding disorder? _____

TREATMENT

What brand of factor is used? _____ Number of units usually used _____

Do you have Allergies to clotting products? Yes No If yes, which product(s)? _____

Do you have any target joints?

Please list here:

TYPE OF INSURANCE (PLEASE MAKE A COPY OF THE FRONT AND BACK OF INSURANCE CARD)

PRIVATE _____ OTHER _____

MEDICAID _____

ALL applicants must provide proof of Immunizations (please provide a copy with this completed form)

Let us get to know you

Please take a few minutes to answer the following questions in the space provided or attach a separate document.

Why do you want to participate in the retreat?

What do you want to get out of the retreat? (i.e.: leadership skills, interpersonal skills, fun, etc.)

Is there anything else you think we should know?

Rules and Guidelines

- Live respectfully and responsibly with a group of other Retreat participants at the camp facility
- Adhere to the provided schedule of fun, engaging activities throughout the weekend, attending in a timely manner to ensure the whole group will be able to participate in all planned activities. The program activities may include water sports, among other physical activities, and interacting with other teens and college-plus aged mentors.
- Appear in any Teen and Young Adult Retreat photographs or videos. Any photographs or videos taken will be used to highlight the benefits and insights of the program and will be shared with the larger bleeding disorder community and beyond.
- The possession of and/or use of alcoholic beverages, illegal drugs, or possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden. Any participant in violation will be asked to leave at their own expense.

Requirements

- Must be a teen or young adult between the ages of 14 and 25 years old.
- Must have a bleeding disorder, be a carrier of a bleeding disorder, or be a family member of someone with a bleeding disorder.
- Must follow all directions and expectations of Leadership and Instruction Team.
- Must demonstrate respect for mentors, program leadership, other teens, and self.
- Must follow all guidelines and expectations of the host site.
- Bring an appropriate amount of Factor, supplies, and other necessary medications for the duration of their stay at the Teen and Young Adult Retreat.

There are a limited number of spaces in this program. After your application has been reviewed, you will be notified of your acceptance into the program by September 5, 2022.

Personal Commitment Statement

By signing below, I agree to fulfill all expectations listed above for a participant applicant for the Teen and Young Adult Retreat. I will participate to the best of my ability and conduct myself in a manner that will encourage and enable the success of all other participants, program staff, and myself. I will immediately contact program leadership if, for any reason, I am unable to follow through with the above expectations or see another participant not following the expectations designed for the well-being of the program's participants and the overall success of the program. Additionally, by signing below, I verify that all information provided above is true and accurate to the best of my knowledge.

Teen or Young Adult Participant (Print Name)

Teen or Young Adult Participant Signature

Date

Guardian Commitment Statement

By signing below, as the legal guardian of the aforementioned Teen and Young Adult Retreat Participant, I acknowledge that my child or ward is participating in the Teen and Young Adult Retreat. I give permission for them to participate in all activities that the program entails, including water sports activities, horseback riding, and challenge courses. I grant permission for my child to ride in the camp vehicles with a licensed and responsible adult to and from the facility. Additionally, by signing below, I give permission to the Florida Hemophilia Association's leadership to contact my child and I with program updates via my e-mail account. Also, by signing below I commit to helping support my child in preparing for the Teen and Young Adult Retreat, as well as support them in any additional challenges that they receive during the retreat to complete at home and/or challenges that are given via online communication after the Teen and Young Adult Retreat. Additionally, I verify that the information provided above is true and accurate to the best of my knowledge.

Participant Parent or Legal Guardian (Print Name)

Participant Parent or Legal Guardian Signature

Date

Submit this completed registration form to info@floridahemophilia.org by September 2, 2022