

**2009 FAMOHIO
AUGUST 7-9, 2009
YOUTH (10-12 YEARS) PROGRAM REGISTRATION**

Please complete a separate registration form for each child (7 - 12 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: _____

Parents' Names: _____

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

IN THE EVENT OF AN INJURY, WE WILL CALL YOUR CELL PHONE. PLEASE 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 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) _____ Need medications? _____

Will this child be bringing any medication to the program? Yes No If yes, what medication? _____

Does this child have **any** special needs? _____

PERMISSION AND RELEASE OF LIABILITY

In consideration of my child's participation in FAMOHIO, Inc. program activities, I authorize my child's participation in the designated hotel pool activities on Saturday, August 8th, 2009, and picture-taking by FAMOHIO volunteers for possible use in FAMOHIO materials such as websites, brochures, advocacy mailings or other materials approved by the FAMOHIO, Inc. board of trustees.

I also agree that at least one parent or guardian will be on the hotel premises at all times throughout FAMOHIO and that, if, at any time during the youth program at the hotel my child becomes ill, his/her behavior becomes unruly, or he/she 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 FAMOHIO, Inc. makes reasonable efforts to provide a safe environment for program activities but that FAMOHIO, Inc. and its volunteers cannot be responsible for accidents or injuries that may occur during the weekend program.

Parent or Legal Guardian: _____ Date: _____