

**2009 FAMOHIO
AUGUST 7-9, 2009
TEEN (13-17 YEARS) PROGRAM REGISTRATION**

Please complete a separate registration form for each teen (13 - 17 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: _____

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 teen have a bleeding disorder? Yes No

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

Is this teen on Prophylaxis? Yes No Will he be treated prophylactic ally on Saturday? Yes No

Does he/she have a port or central line? Yes No

Does this teen have allergies? _____ Need medications? _____

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

PERMISSION AND RELEASE OF LIABILITY

Parents,

The Teen Program at the hotel does not provide supervision to and from the activities. The Cruise Nest is a room for the teens to hang out with their peers, socialize, and have fun. While this area and all planned activities **are** supervised with adult staff, the teens are free to come and go at will. 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. You, as the parent, will also be requested to sign this form with your teen upon the first visit to the Cruise Nest.

I, (Parent/Guardian) _____, give permission for _____ (name)

A. To participate in the FAMOHIO Teen Program/Cruise Nest on the hotel grounds throughout the weekend.

B. To have my teen participate in the designated hotel pool activities on Saturday August 8th, 2009.

C. To have my child photographed by FAMOHIO volunteers for possible use in FAMOHIO materials, including websites, brochures, advocacy mailings and any other printed materials generated by the FAMOHIO Community connected to FAMOHIO and the FAMOHIO Mission.

I 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 teen 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.

Parent/Legal Guardian _____

Teen signature to denote agreement _____

FAMOHIO, Inc. makes reasonable efforts to provide a safe environment for program activities. FAMOHIO, Inc. **cannot**, however, be responsible for accidents or injuries that may occur during the event.

