

Application Deadline: February 16th, 2024

Name _____ Birth date _____ Sex _____ Age _____ Weight _____
Last First Initial

Parent or Guardian _____

Cell Phone _____ Other Phone _____ E-mail _____
(please indicate preferred number below with a *)

Address _____
Street and Number City State Zip

Emergency Contact Name _____ Phone _____

HTC Clinic _____ Physician's Name _____ Phone _____

Any dietary restrictions? _____

NAME AND SEVERITY OF BLEEDING DISORDER: _____

Bleed Prevention Plan (Product used and schedule) _____

Does your child do self-infusion or injection? Yes No

Bleed Treatment Plan (Product that would be used and dose): _____

Major health occurrences in the past year, such as hospitalizations, surgeries, and bleeds: Yes No
If yes, please describe and indicate dates

Does your child have any drug allergies? Yes No → If yes, specify drug and reaction

Bee sting, food or other allergies Yes No → If yes, please explain food or other and reaction

Does your child have any restrictions that would prevent him/her from participating in any camp activities?
 Yes No If yes, please explain:

Does your child have other medical problems such as heart disease, kidney disease, seizures, diabetes, history of tuberculosis, etc? Please be specific:

Please list all medications that the individual is now taking and which are necessary while at the retreat (include PRN pain medications and non-prescription meds)

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INSURANCE INFORMATION:

Name of Insurance: _____ Commercial Insurance State Insurance

Policy Holder Name: _____

ID Number: _____ Group Number: _____

IMPORTANT – This CONSENT FORM section must be signed by custodial parent/guardian

I will supply all needed factor concentrate and DDAVP for use at camp. If my child is on prophylaxis, **I will supply those scheduled doses, plus one extra.** If my child treats only when bleeding occurs, I will send at least one dose with him/her. I understand that my child will not be accepted at camp without the needed medications.

**If your child has an inhibitor please discuss factor and plan for camp with your HTC nurse or provider.

Parent/guardian signature _____

I have read and understand all the above information. I agree not to send my child to camp if he/she has been exposed to a contagious disease within three weeks of the date he/she is to report to camp and to notify my child’s hemophilia center and the camp director immediately.

Signature of custodial parent/guardian if applicant is under 18 Date

MEDIA RELEASE: HFMD and HTC Publications

HFMD, and the Hemophilia Treatment Centers use photographs, images and recordings of applicants for publication in brochures, email, website and social media applications to promote services or to recruit volunteers and staff. The applicant named above MAY be included in these promotional materials.

I give consent to use my child’s name, photograph, and comments in publicizing the works of HFMD and the regional Hemophilia Centers.

Yes No

Signature of parent, legal guardian, or authorized person Date

COMPLETE this three page Application, SIGN and SEND via EMAIL or MAIL to:

Becca Shaheen, HTC Program Coordinator
becca.shaheen@childrensmn.org | 612-813-7004
2530 Chicago Ave S Suite 175
Minneapolis, MN 55404

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence YMCA Greater Twin Cities (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasee" on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the "Releasees." My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless "Releasees" from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should "Releasees" or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Parent/Guardian Authorization Section Transportation/Medical

1. In the event that I/my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
3. I also give permission for myself or my child to enter Canada with the YMCA. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
5. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

General

1. I hereby release all pictures of myself or my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.
2. I give my permission for the YMCA to administer sunscreen as needed.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Group Name _____ Date(s) on Site _____
Signature _____ Print Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature _____ Date _____

Print Name _____