Camp Red Sunrise
Camper Registration Form
Idaho Chapter, National Hemophilia Foundation

Return Registration
Idaho Chapter, National Hemophilia Foundation
3989 E 170 N
Rigby, ID. 83442
Or email a copy to, idaho@hemophilia.org

For your family to attend Camp Red Sunrise, all information on this form must be completed and signed by a parent/legal guardian. If anyone's condition changes after you submit this form, please get in touch with the Chapter: idaho@hemophilia.org

Failure to do so will prevent camp attendance.

PARENT OR LEGAL GUARDIAN:

NAME: _____
First and Last

CONTACT INFORMATION:

Address:_____

Phone:_____

Email:_____

ALL FAMILY MEMBERS WHO WILL ATTEND CAMP:

FULL NAME: _____
Name they prefer to go by_____
AGE: _____
DOB: _____
GENDER: _____
T-SHIRT SIZE; _____
BLEEDING DISORDER: _____

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DOB: _____

GENDER: _____

T-SHIRT SIZE; _____

BLEEDING DISORDER: _____

FULL NAME: _____

Name they prefer to go by_____

AGE: _____

DOB: _____

GENDER: _____

T-SHIRT SIZE; _____

BLEEDING DISORDER: _____

If you need more room for family members, please copy this page.

EMERGENCY CONTACT INFORMATION: (PLEASE PROVIDE TWO)

NAME _____ PHONE: _____

RELATIONSHIP TO FAMILY _____

NAME _____ PHONE: _____

RELATIONSHIP TO FAMILY _____

DIETARY INFORMATION: (Please list Name and Dietary needs)

Dietary information will be shared with camp staff and the camp nurse to facilitate camp planning and help make your camp experience enjoyable.

FAMILY MEDICAL FORM

The family medical form is required for all individuals attending Camp Red Sunrise.

Family Physician Name: _____ Phone No. _____

Pediatric Doctor: _____ Phone No. _____
(If different from family Dr)

Family medical conditions that we need to be made aware of. (Please list names and conditions)

Any Drug Allergies (Please list names and allergies)

CAMP RED SUNRISE WILL NOT HAVE OVER-THE-COUNTER MEDICATION OR FACTOR AT CAMP. PLEASE BRING FACTOR AND ANY MEDICATION NEEDED FOR YOUR FAMILY.

INFUSION CONSENT

At camp, your child(ren) will be able to learn self-infusion instruction on a voluntary, informal, and individual basis by trained medical staff. Your child(ren) could receive this important training when he/she needs factor replacement during camp, but only if the child is voluntarily ready to infuse himself/herself or sibling. This training is also available to children who may not need to infuse for medical necessity.

My signature below indicates my consent for my child(ren) to receive infusion instruction:

Parent/ Guardian _____

MEDICAL RELEASE

In case of medical and/or surgical emergency, I authorize Camp Red Sunrise medical staff to render to myself or other family members (Family Members Full Names): _____
or to arrange for or receive any x-ray, anesthetic, medical, dental, surgical procedure, treatment, and hospital care which is deemed advisable by and is to be rendered under the supervision of any physician, dentist, or surgeon licensed in Idaho. I grant permission for myself or family members to receive treatment for hemophilia and other medical problems while at camp. In a medical emergency, I grant permission to be transferred to a medical facility for treatment at the camp medical staff's discretion. I will be responsible for all emergency, in-patient, or out-patient care costs. I understand that my family members or I will be covered solely by the medical insurance policy we are enrolled in. I authorize a licensed professional to dispense any medication recommended or prescribed by a physician to specific family members or me.

Parent/ Guardian _____

IDAHO CHAPTER
NATIONAL HEMOPHILIA FOUNDATION
www.idahoblood.org

Please complete the following information to participate as a volunteer, sponsor, fundraiser, or participant. Only ONE form is needed per family, including immediate family members living in the same household.

I/my family choose(s) to participate voluntarily in the 2022 program specified below and hosted by the Idaho Chapter of the National Hemophilia Foundation (NHF Idaho).

As lawful consideration for being permitted by NHF Idaho to participate in the event, I hereby, for myself, my heirs, my administrators, my personal representatives, and my assigns, forever release and discharge NHF Idaho, its board, directors, officers, employees, and agents—collectively the *Released Parties*— from any and all liabilities, losses, costs, claims, demands or causes of action—collectively *Liabilities*—that I may hereafter have for damages, injuries, and death arising out of my participation in this NHF Idaho event. This agreement will not apply to willful, reckless, or intentional acts of the Released Parties.

As a participant(s) in various activities of NHF Idaho, we would like your permission to photograph you and/or your child(ren) to be used in future promotion of NHF Idaho programs. These photographs may be used in publications or reports related to NHF Idaho or online tools such as our website, e-newsletter, Facebook, or blog. Your permission to take and use photographs of you and your child(ren) is strictly voluntary. It will not affect your participation or your child(ren) in the programs and activities offered by NHF Idaho or your status or the status of your child(ren) as NHF Idaho member. If you are uncomfortable with using your names or identifying information in the captions, please let us know.

I authorize NHF Idaho to take photographs of me and my child(ren) to be used to promote NHF Idaho. I also hereby consent for NHF Idaho to take and use photographs of me and my child(ren) listed below and our images and likenesses in its publications related to NHF Idaho. I acknowledge that my consent to using the photographs and the image and likeness of me and my child(ren) is voluntary. I understand that my consent to using the photographs and the image and likeness of me and my child(ren) is forever. I understand that I will not receive any form of compensation now or in the future for using the photographs or my image and likeness or the image and likeness of my child(ren). I sign this form for myself and the child(ren) listed below and attest that I am the parent or legal guardian of the child(ren) listed below.

I have read the above release and agreement and am thoroughly familiar with its contents. I agree that this release and agreement will be governed by Idaho law and is intended to be as broad as permitted by the law of Idaho. I also agree that if any portion of it is held invalid, the balance shall, notwithstanding, continue in full legal force and effect. This waiver of liability shall be binding upon myself, my heirs, my administrators, my personal representatives, and my assigns.

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

I AM REGISTERING AND SIGNING THE LIABILITY WAIVER FOR THE FOLLOWING:

- ❒ Myself only
- ❒ My family

NAMES OF PARTICIPATING FAMILY MEMBERS: *Please print clearly.*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

WAIVER OF LIABILITY/ PHOTO-RELEASE

PRINT NAME: _____

SIGNATURE: _____

Date: _____

Comments: