

# HHT Foundation YOUTH Conference Registration

Please complete a separate form for each child who will be attending the Youth Program. If you are registering more than one person, please make photocopies or print another form from our website at [www.hht.org](http://www.hht.org).

Child's Name (as it will appear on their nametag) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Email: \_\_\_\_\_

Adult Attending the Conference Name(s): \_\_\_\_\_

Adult Attending the Conference Cell Phone (in the event of an emergency): \_\_\_\_\_

<b>Does this child have HHT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Meal Preference:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian	<b>Child's Age</b> _____
<b>T-shirt Size:</b> YOUTH <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large ADULT <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-large	<input type="checkbox"/> Signed Consent and Waiver Form on back of registration form	
<b>Special Needs</b> (please specify diet, wheelchair, etc.): _____ _____		

## Registration Fees

My conference registration is being paid for by \_\_\_\_\_

REGISTRATION	Cost	No. Attending	Subtotal
Child (6-16 years of age)	\$50		
<b>OPTIONAL (Saturday Night - October 23rd)</b>			
Gala Dinner & Live Auction (Special Meal for Children Only)	\$25		
<b>GRAND TOTAL (add this amount to the adult registration form)</b>			

Each child must submit their own registration form. Please add Youth Program totals to the adult registration form. All forms and payment should be mailed to:  
 HHT Foundation International, Inc. • P.O. Box 329 • Monkton, MD 21111 • (800) 448-6389 • (US) (410) 357-9932 (Int'l)

Please complete the Youth Program Consent and Waiver Form on the reverse side.

# HHT Foundation International, Inc. Patient & Family Conference Youth Program Consent and Waiver Form

Parent / Guardian Initial: \_\_\_\_\_

\_\_\_\_\_ **Release and Waiver of Liability**

I fully understand that this activity involves inherent risk of physical injury while attending the HHT Patient and Family Conference Youth Program Field trip. I further acknowledge that the HHT Foundation is released from liability of and of all claims for its officers, employees, and insurers resulting from or arising out of my participation in this activity.

\_\_\_\_\_ **Behavior Contract**

We, the participant and the parent/guardian, understand and agree to abide by the HHT Patient and Family Conference Youth Program Code of Conduct. I acknowledge that failure to follow these rules may result in disciplinary action, including but not limited to not being able to participate in the field trip.

\_\_\_\_\_ **Photography Permission**

We give permission to use this participant's likeness in either photographic or video-taped promotional materials.

\_\_\_\_\_ **Emergency Contact Person**

Name of emergency contact person(s) authorized to pick up participant (in case parent/guardian is unavailable)

Name \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ **Treatment Authorization and Permission**

I authorize the HHT Foundation staff, board members, and conference volunteers to administer immediate and emergency medical treatment, including (1) transporting your child to a hospital emergency room or (2) calling the local rescue squad or ambulance.

1. Please list specific medical allergies, chronic illness or other conditions that will impact participation in the HHT Patient and Family Conference Youth Program and/or field trip: \_\_\_\_\_

\_\_\_\_\_

2. Does the participant take any medication on a regular basis?  Yes  No

Will the medication need to be administered during program hours?  Yes  No

If yes, please list medication and directions for taking the medicine: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_