

**PARTICIPANT**

FIRST NAME	MIDDLE INITIAL	LAST NAME	AGE	DATE OF BIRTH
HOME ADDRESS		CITY	STATE	ZIP CODE
E-MAIL			PHONE NUMBER	
EMERGENCY CONTACT NAME <i>(Parent/Guardian if you are under 18 years old)</i>			RELATIONSHIP	
EMERGENCY CONTACT E-MAIL		EMERGENCY CONTACT CELL PHONE NUMBER		

FOOD ALLERGIES:  YES  NO If Yes, list them here: \_\_\_\_\_

DRUG ALLERGIES:  YES  NO If Yes, list them here: \_\_\_\_\_

DIETARY NEEDS (Vegetarian, vegan, gluten-free, celiac, etc.): \_\_\_\_\_

NAME OF HEMATOLOGIST OR PHYSICIAN \_\_\_\_\_

NAME OF HEMOPHILIA TREATMENT CENTER \_\_\_\_\_

NAME OF SPECIALTY PHARMACY/HOMECARE COMPANY \_\_\_\_\_

**BLEEDING DISORDER**

Are you diagnosed with a bleeding disorder?  YES  NO

Factor Deficiency:  VIII  IX  Other: \_\_\_\_\_

Severity Level:  Mild  Moderate  Severe

von Willebrand Disease:  Type I  Type II  Type III

Platelet Dysfunction: \_\_\_\_\_

Rare Bleeding Disorder: \_\_\_\_\_

Are you considered a Carrier? If so, which bleeding disorder? \_\_\_\_\_

Are you a sibling of someone with a bleeding disorder? If so, which bleeding disorder? \_\_\_\_\_

**TREATMENT**

What brand of Factor/Treatment is used? \_\_\_\_\_ Number of units used: \_\_\_\_\_

Do you have allergies to clotting products?  YES  NO If Yes, which product(s)? \_\_\_\_\_

Do you have any target joints? If so, please list them here: \_\_\_\_\_

## INSURANCE

What type of insurance coverage do you have?  Private Insurance  ACA/Marketplace  Other: \_\_\_\_\_

Florida KidCare:  Medicaid for Children  CMS Health Plan  MediKids  Florida Healthy Kids

**PLEASE BRING A COPY OF THE FRONT & BACK OF YOUR MEDICAL INSURANCE CARD TO THE RETREAT,  
OR SUBMIT A COPY TO INFO@FLORIDAHEMOPHILIA.ORG PRIOR TO THE EVENT**

## Let us get to know you!

Please take a few minutes to answer the following questions below.

**Tell us a little bit about yourself.**

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**What made you interested in attending this retreat?**

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**What do you hope to get out of this retreat?** (*i.e., leadership skills, meeting others in my age group, interpersonal skills, fun, etc.*)

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**Is there anything else you think we should know?**

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## RULES AND GUIDELINES

- Treat all fellow B|LEAD participants and Florida Hemophilia Association staff/volunteers/counselors with respect.
- Follow all directions and expectations of Florida Hemophilia Association staff/volunteers/counselors.
- Adhere to the provided schedule of fun, engaging activities through the weekend, arriving in a timely manner to ensure the whole group will be able to participate in all planned activities.
- Participation in the 2023 B|LEAD Retreat implies consent to appear in photographs and video, which shall be used for promotional purposes to highlight the benefits and insights of the program and be shared with the larger bleeding disorders community and beyond.
- The possession of and/or use of any vapes, alcoholic beverages, illegal drugs, or possession of any weapon (firearm, knife, explosives, etc.) is strictly prohibited. Any participant in violation of this rule may be asked to leave or picked up by their parent/guardian at their own expense.
- Follow all guidelines and expectations of the host site: University of Miami Coral Gables Campus.

## REQUIREMENTS

- Must be a teenager or young adult between the ages of 14 and 25 years old.
- Must be diagnosed with a bleeding disorder, be considered a carrier of a bleeding disorder, or be a sibling of someone with a bleeding disorder.
- Bring an appropriate amount of Factor medication, supplies, and any other necessary medications for the duration of your stay at the 2023 B|LEAD Retreat.

## PERSONAL COMMITMENT STATEMENT

By signing below, I agree to fulfill all expectations and abide by the rules and guidelines listed above for the 2023 B|LEAD Leadership Retreat. I will participate to the best of my ability and conduct myself in a manner that will encourage and enable the success of all other participants, program staff/volunteers/counselors. I will immediately contact program leadership if, for any reason, I am unable to follow through with the above expectations/guidelines or see another participant not following the expectations/guidelines designed for the wellbeing of all program participants and success of the program. Additionally, by signing below, I verify that all information provided above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
TEEN OR YOUNG ADULT PARTICIPANT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PARENT/GUARDIAN COMMITMENT STATEMENT

By signing below, as the legal guardian of the participant, I acknowledge that my child or ward is participating in the 2023 B|LEAD and is expected to abide by the rules and guidelines of the program. I give permission for them to participate in all activities that the program entails. I grant permission for them to ride in camp vehicles with a licensed and responsible adult to and from the host site as needed. I give permission to the Florida Hemophilia Association to contact my child or ward and I with program updates via e-mail. Additionally, by signing below, I verify that all information provided above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**There are a limited number of spaces in this program.**

**Submit this completed registration form to [info@floridahemophilia.org](mailto:info@floridahemophilia.org) no later than  
**Friday, July 10, 2023****

**After your registration form has been submitted, please check your e-mail inbox in the event that Florida Hemophilia Association requires any additional information or documentation to complete your registration. Please also stay tuned for e-mails confirming your registration and providing additional program details.**