



You are invited to participate in our 2019 Elko Junior Counselor Program. This program is designed to build the skills necessary to become a future leader for the bleeding disorders community. The Program is open to age 16-19.

Attached is the application for the 2019 Elko Junior Counselor program is scheduled for July 18th – 21st. The Training will take place on the evening of July 18th in Reno. Junior Counselors will travel to Elko for the Northern Nevada Family Weekend on July 20th – 21st and play leadership roles throughout the weekend including leading activities, assisting with registration, activity set-up, and session monitoring.

Please fill out the application completely and **email** the completed application to either Betsy at bvandeusen@hemophilia.org no later than **April 15th, 2019**. If you cannot email the form back, please fax to 702.446.8134

Note: To participate as a Junior Counselor this summer, participants must be at least 16 years old, have submitted an online volunteer application and attend the July 18th training.

We look forward to seeing you! Questions? Call NHF Nevada at 702.564.4368

JC Participant Registration Form (please print)

Name of JC _____ Gender (circle) M F

Type of ID to be used at airport (Reno Participants only) _____

Please Check One: Patient _____ Sibling
(Diagnosis)

Age (on 3/2/2019) _____ Date of Birth: _____

Last Grade Finished in school: _____ JC Cell Phone: _____

JC email _____

Address _____
Street City State Zip

Do you have any dietary restrictions at training? _____

Mother/Guardian(s) Name _____

Home phone _____ Work phone _____ Cell phone _____

Email address: _____

Father/Guardian(s) Name _____

Home phone _____ Work phone _____ Cell phone _____

Email address: _____

EMERGENCY CONTACT: If parents cannot be reached, whom should we contact?

Emergency Contact _____

Home phone _____ Work phone _____ Cell phone _____

Relationship to LIT/JC _____

2nd Emergency Contact _____

Home phone _____ Work phone _____ Cell phone _____

Relationship to LIT/JC _____

CONSENT FOR MEDICAL TREATMENT

LIT/JC Name _____
(Please Print)

To Whom It May Concern:

In the event that I can not be present or reached by phone, I hereby authorize the Executive Director for the Nevada Chapter of the National Hemophilia Foundation, or his/her agent, to execute any and all documents including any necessary releases on my behalf that might be required by any medical facility to perform required emergency care on the basis of any accident or illness sustained or incurred by my minor child while attending the Jr. Counselor Program (JC).

I further agree that I, acting on behalf of myself or my minor child, do expressly and forever waive and release The Nevada Chapter of the National Hemophilia Foundation and all their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation at the JC Training.

Signature of parent or guardian _____

Printed name _____

Relationship to LIT _____

CHILD'S INSURANCE INFORMATION

If you have health and accident insurance coverage, list below.

Check here if your child does not have insurance: _____

Name of Insurance Company _____

Address: _____

Phone () _____ Policy Number _____

Certificate Number _____ Medicaid Number _____

Please attach a current legible copy of insurance card and/or Medicaid card.