



Canadian Hemophilia Society – Manitoba Chapter
“JUST THE GUYS” REGISTRATION FORM
Please print when completing form.



Name of Accompanying Adult: _____

Name and ages of Boy(s): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Cell: _____

Type of Bleeding Disorder and severity: _____

Clinic Attended _____

Are you on home management? Yes No

Specific Medical Concerns, including joint issues (if any). _____

Dietary Restrictions/Food Allergies: _____

Do you require assistance with transportation? Would you like to carpool? Yes No

Is there anything important we should know?
