



Diabetes Family Fun Day

REGISTRATION FORM

Saturday, June 25th, 2016

PLEASE PRINT CLEARLY & SUBMIT BY June 22nd, 2015

Family Contact Information

Family Contact Person: (* Please note that the following information may be used for future communication purposes).

Name: First Name Last Name

Relationship: Parent Legal Guardian Other-Please Specify

Address: House/apt./unit# Street City Postal Code

Phone: (H) (W) (C)

Email:

Additional Accompanying Parent/Guardian Info:

(*Please note that all children participating must be accompanied by at least one adult)

Name:

Relationship: Parent Legal Guardian Other-Please Specify

Information on Participating Child/Children:

- 1) First Name Last Name Age DOB (DD/MM/YYYY) Gender Diabetic? Y N Type: 1 2
2) First Name Last Name Age DOB (DD/MM/YYYY) Gender Diabetic? Y N Type: 1 2
3) First Name Last Name Age DOB (DD/MM/YYYY) Gender Diabetic? Y N Type: 1 2
4) First Name Last Name Age DOB (DD/MM/YYYY) Gender Diabetic? Y N Type: 1 2

Please indicate if anyone in your family has any special needs, dietary concerns, allergies, etc. which we should be aware of?

Please note accommodations will be made where possible