



Camp PRIDE We Gathering 2020

Springer Memorial School, Government Hill, St. Michael

July 6 to 17, 2020, 9:00 a.m. to 3:00 p.m.;

Cook Off: July 17, 2020, 1:00 p.m. to 3:00 p.m.

Registration Form

Name	Surname		First Name			Gender			
						<input type="checkbox"/> Male <input type="checkbox"/> Female			
Address						Date of Birth			
						Year		Month	
Tel #	Home	Mobile	Email address						
			Age	Weight	Height	HbA1c			
						Date	Result		

Diabetes Information		
Age at time of diagnosis:	Diabetes Type: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	Number of times glucose is checked per day:
Meter Type	Number of times insulin is taken per day:	Number of times tablets are taken per day:
Insulin: <input type="checkbox"/> N & R Other _____		Insulin given using: <input type="checkbox"/> Syringe <input type="checkbox"/> Pen

Dietary Information		
Number of meals per day: Number of carbohydrates per meal:	Number of snacks per day:	Are you a vegetarian: <input type="checkbox"/> Y <input type="checkbox"/> N

What do you have for breakfast:

What do you have for lunch:

What do you have for evening meal:

What do you have for a snack

Are there any foods that you do not eat? Please state:

Health Information	Additional Information
Are you involved in physical exercises? <input type="checkbox"/> Y <input type="checkbox"/> N	Do your friends know you have diabetes? <input type="checkbox"/> Y <input type="checkbox"/> N
If 'yes' where do you do these exercises? <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Other _____	Is this your first time attending Camp Pride? <input type="checkbox"/> Y <input type="checkbox"/> N
What type of physical activity?	Name one thing you would like to do at Camp Pride this year?
Allergies:	If being collected, name of person responsible for collecting camper:

Camp Pride Registration Form

Child/ward's name: _____

What causes these allergic reactions:	
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Parent/Guardian Details	
Name:	
Work number:	
Mobile number:	
Email address:	

Yes	No	Please indicate by initialing yes/noregarding permission for my child/ward to participate in the specified activities.
		I grant permission for my child/ward to attend tours.
		I grant permission for my child/ward to participate in water activities - swimming, glass bottom boat, water balloons, kayaking, water balls.
		I grant permission for my child/ward's name and/or image to be utilised in all forms of written, visual or audio media for publicity purposes related to diabetes.
		I grant permission for my child/ward to participate in the Day Pass activity at the Hotel.

Parent/Guardian Signature:	
Date:	
Relationship to Camper:	

Fees: BDS \$20 Registration Fee which includes the cost of a t-shirt; Camp Fee BDS \$100.00 payable to the Diabetes Association of Barbados, "Jessamine Cot", Cnr. Jessamine Avenue, Beckles Road, St. Michael on/or before June 30 2020; late camp fee is \$150.00 after this date.

FOR OFFICIAL USE ONLY

Membership# _____

Receipt#: _____

Nutrition: _____

Blood glucose monitoring: _____

Medication: _____

Other: _____

Signature: _____

Date: _____

Print Name: _____