



Diabetes Association of Barbados: Wellness Camp

Prevention is better than cure.

Springer Memorial Secondary School, Government Hill, St. Michael
August 6th to 17th, 2019, 9:00 a.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		Height		
			Age	Weight			

Medical Information	
Allergies:	Any Medical illness please state:
Any Disabilities:	Name of Medication currently on:

Dietary Information		
Number of meals per day:	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:

Finest Information	Additional Information
Are you involved in physical exercises? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you know anyone who has diabetes or hypertension? <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 a health camp? <input type="checkbox"/> Y <input type="checkbox"/> N
What type of physical activity?	Name one thing you would like to learn at the wellness camp this year?
How often do you exercise	If being collected, name of person responsible for collecting camper:

Camp Pride Registration Form

Child/ward's name: _____

Parent/Guardian Details	
Name:	
Work number:	
Mobile number:	
Email address:	

Yes	No	Please indicate by initialing yes/no regarding 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. (private life guard will accompany)
		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 of health promotion in children.
		I grant permission for my child/ward to participate in the in a ½ day internship in farming.
		I grant permission for my child/ward to participate in the daily cooking labs.

Parent/Guardian Signature:	
Date:	
Relationship to Camper:	

**Camp Fee \$150.00 payable to the Diabetes Association of Barbados
"Jessamine Cot", Cnr. Jessamine Avenue, Beckles Road, St. Michael
on/or before July 20 2019**

FOR OFFICIAL USE ONLY

Payment:	
Any other information	