



T1D Kids Day Registration Form

A one-day event for children with type 1 diabetes
Friday, August 11, 2017
Space is limited!
Submit your registration by Friday, July 21

Participant Information

First: _____ Last: _____
Gender: _____ Birth date: _____ School Grade (Fall 2017): _____
Date of Diagnosis: _____ Participant T-Shirt Size (Youth S-L, Adult S-XL): _____
Address/City/State/Zip: _____

Parent/Guardian Information

At least one parent/guardian must attend with their child. Please check one:

- 1 parent/guardian will be attending OR*
 2 parents/guardians will be attending

Parent/Guardian #1

First: _____ Last: _____
Relationship to Child: _____
Address/City/State/Zip: _____
Phone: _____ E-mail: _____

Parent/Guardian #2 (Only complete if second parent/guardian is attending T1D Kids Day)

First: _____ Last: _____
Relationship to Child: _____
Address/City/State/Zip: _____
Phone: _____ E-mail: _____

Is there anything else we need to know (food allergies, vegetarian meals, needing to leave early, etc.)?:

Acceptance of Terms

This is an event intended for children and parents/guardians to learn more about diabetes and management. The medical care of your child and the supervision of your child is your responsibility. Diabetes professionals will be available for advice. Child care for other family members will not be provided during the event.

I understand that I retain responsibility for my care and the care of my child while attending T1D Kids Day. I agree to indemnify the staff and sponsors of T1D Kids Day in the event of any injury sustained by my child or me while attending the camp. I further understand that my child must be accompanied by a parent or guardian throughout the day of the event and that childcare will not be provided.

I understand that pictures of participants may be taken throughout the day of the event. I hereby give permission for the use of my child's picture and my picture in conjunction with publicity for or reports of T1D Kids Day, either by the sponsors or others associated with T1D Kids Day. Such pictures may be used by Novo Nordisk for internal and external publications that mention T1D Kids Day. I waive any right to payment for the use of such pictures.

Signature: _____

Space is limited!

**Fax or email your registration by Friday, July 21 to:
608-833-9214 or westernwi@jdrf.org**

or mail to:

JDRF
434 S. Yellowstone Drive, Ste. 201
Madison, WI 53719

