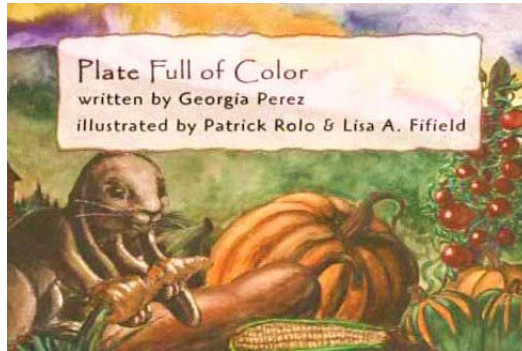


**REGISTRATION FORM - SWEET KIDS DAY CAMP – July 19, 20 & 21**



Child's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Size of T-Shirt (Circle one)                      S              M              L              (Children's sizes)

Pump \_\_\_\_\_ Pen \_\_\_\_\_ Syringe \_\_\_\_\_ Current Dose: \_\_\_\_\_

- Animas
- Deltec (Cosmo)
- Medtronic
- Other

Current Basal Rate : \_\_\_\_\_  
Insulin to Carb Ratio: \_\_\_\_\_

Insulin:

- Novolog               Apidra
- Humalog               Lantus
- Levemir

**\$30 per child with diabetes for the 3-day camp; \$20 per day per sibling due at time of registration.**

**Attach payment with copy of registration form.**

Name of any siblings attending:

\_\_\_\_\_ Age \_\_\_\_\_

Size of T-shirt (circle one)                      S              M              L (Children's sizes)

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Phone # (w) \_\_\_\_\_ (h) \_\_\_\_\_

Phone # (w) \_\_\_\_\_ (h) \_\_\_\_\_

**Photo Consent**

As the parent/guardian of \_\_\_\_\_, I grant permission for Humphreys Diabetes Center to take photographs/videos/tape recordings of my child's participation in Sweet Kids Day Camp for use in grant requests, newsletters, news releases, brochures, websites and other media about camp and HDC.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



**\*\*\*1/2 hour pre-assessment is required before camp\*\*\***

Return this form to: HDC, 1226 River Street, Boise, ID 83702 or Fax to 208-383-0190 by July 8, 2011