



Diabetes Challenge Application

Participant's Name _____ Birthday: ____ / ____ / ____.

Address: _____ Application Date: ____ / ____ / ____.

Home Phone Number: ____ - ____ - ____.

Cellular Phone Number: ____ - ____ - ____.

I release my name and image for promotional purposes (Initial): _____

I release information on my success in the challenge
(weight loss, glucose levels...) for use in statistics (Initial): _____

Emergency Contact Name: _____

Phone Number: ____ - ____ - ____.

Relationship: _____

Physician OK (Circle One): Yes No

Approval Note from Physician Attached (Circle One): Yes No

Please explain why you should participate in the **free** 8 week Diabetes Challenge. If you need more room, please attach another page.
