



*Diabetes Ireland
Presents*

***National Teen
Activity Day
10th July 2015***



This is the 7th National Activity day is for young people with Diabetes from the ages of 10-16 years. The aims of this day are:

- to encourage teens to engage in adventure activities and learn to maintain good management of their diabetes while doing so
- to provide a positive environment for teens to deal with the challenges associated with diabetes and enable them to meet other teens with diabetes

The teen activity day will take place on Friday 10th July 2015. Events will be held in 4 centres nationwide and you can choose to attend the centre of your choice. We plan to run buses from a number of localities to each of the centres where we have adequate participants (minimum of 5). A hot lunch and snacks will be provided throughout the day. All centres will be fully supervised by trained instructors, volunteer leaders and a healthcare professional.

The fee per participant is only **€20**. All other costs will be covered by the Diabetes Ireland.

For further information contact:

Siobhan O'Grady
Diabetes Ireland
19 Northwood House
Northwood Business Park
Santry Dublin 9
Phone: 01 8428118

E-mail: siobhan.ogrady@diabetes.ie

Centres

Birr Outdoor Education Centre, - Kayaking & Team Challenge
(Bus from Dublin (pick up along the way), Galway & Ennis
(Pick up in Limerick & Nenagh))

Dunmore Adventure Centre – Kayaking & Team Challenge

Eclipse Activity Centre – Killarney - Kayaking & Team
Challenge (Bus from Cork (pick up along the way), Tralee)

Northwest Adventure Centre – Sligo – Kayaking & Team
Challenge (Bus from Letterkenny & Castlebar (pick up along
the way))

Clothing & Requirement List

A full list of clothing and other items required will be
sent to you nearer the day.

Next Step

Simply, complete the enclosed application form and
return it with the appropriate remittance.



**DIABETES IRELAND
APPLICATION FORM
NATIONAL Teen Day
(10 – 16 year olds)
10th July 2015**

Please print information LEGIBLY in BLOCK CAPITALS

PART 1:

PARTICIPANT'S PERSONAL DETAILS

Participant's full name:

Date of birth:

Age:

Address:

Ability to swim:

Parent(s) name(s):

Mobile _____ Home _____

E-mail _____

Centre of choice _____

Insulin Regime _____

Other medical issues/
Dietary needs _____

Bus (from) _____