

Plan orque sur le terrain



Cadman on chronic illness

**Diabetes Ireland are delighted to invite
you to our 9th National Teen Activity
Day.**

The aim of the day is:

- To encourage teens to engage in adventure activities and learn to maintain good management of their diabetes while doing so.
- To meet other teenagers with diabetes and most importantly to *have fun*.

Details:

- The teen activity day will take place on Friday 14th July 2017, 10am – 4pm (not including travel time)
- The day is open to all children with diabetes aged 10-16 years.
- Events will be held in 4 centres nationwide and you choose which centre you would like to attend.
- We plan to run buses from a number of localities to each of the centres where we have adequate participants.
- 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 Diabetes Ireland.



Adventure Centres

Lilliput Adventure Centre, Lough Ennell, Co. Westmeath.

Activities: Abseiling, Canoeing and Assault Course.

The bus will depart from the Diabetes Ireland Head Office, Santry, Dublin 9.

There will be pick ups along the way where possible.



Dunmore East Adventure Centre, Stoney Cove, Dunmore East, Co. Waterford

Activities: Kayaking, Rock Climbing, Water Floats.

The bus will depart from Wexford General Hospital.



Basecamp Adventure Park, Briskagh, Co. Limerick

Activities: Paintballing, Forest Archery.

The bus will depart Diabetes Ireland Cork Office.

There will be pick ups along the way where possible.



Donegal Adventure Centre, Bundoran, Co. Donegal

Activities: Surfing, Prison Break/High Ropes.

The bus will depart from stops in Sligo and Letterkenny.

There will be pick up along the way where possible.



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

Next Step

Simply, complete the application form overleaf and return it with the appropriate fee. We will be in touch nearer the event with finalised details.

Please print information in BLOCK CAPITALS

Participant's full name: _____

Di Unique No: (On Letter) DI# _ _ _ _ _

Date of birth: _ _ / _ _ / _ _ _ _

Address: _____

Ability to swim: Yes ☐ No ☐

Parent(s) name(s): _____

Mobile No: _____

E-mail: _____

Centre of choice: _____

Insulin Regime: _____

Other medical issues/ _____
Dietary needs

Bus From: _____

Payment

I enclose a bank draft / cheque with the appropriate amount ☐

Credit / Debit Card Details ☐

Name on Card: _____

Card Number: _ _ _ _ _ _ _ _ _ _

Expiry Date: _ _ / _ _ Security numbers on back of card: _ _ _