



REGISTRATION FORM

Please print legibly.

_____ DATE

Name _____
FIRST LAST MIDDLE INITIAL

Preferred name on name tag _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____
MOBILE HOME WORK

Email _____

I am attending this class because of: Type 2 diabetes Type 1 diabetes Other (explain below)

Are you under medical supervision for diabetes? Yes No

How did you learn about this class? _____

In case of emergency please notify: Name _____

Phone _____ Relationship to you _____

I understand that the information provided in this class does not replace medical advice and that following the health strategies outlined in this course may change blood sugar levels quickly. I agree to monitor my blood sugar levels frequently and to work closely with my health care provider.

Signature _____ (required if you have diabetes)