



BEST Olympian Profile

First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____ Country: _____
Phone (day): _____ Phone (alternate): _____
Email: _____

Your T1D Background

Age of Diagnosis: _____ Current Age: _____ Years as a Best Centre patient: _____

Your Diagnosis Story (optional):

Your Olympian Background

Sport/Activity: _____ Age Started: _____

Top Accomplishments within the Sport/Activity:

1. _____
2. _____
3. _____

Please tell us about the ways you are pursuing your athletic goals & interests while living with T1D:

****Please include photos of yourself and/or of your sport or activity journey.**

****To upload a video, please visit: <https://upload.vloggi.com/projects/GQXQ-000>**

Consent

I _____, give full rights to The Charles H. Best Diabetes Centre to publish and share the information, including photos and videos, I have provided.

Signature:

If patient is 18 years of age or under:

Parent/Guardian Name

Parent/Guardian Signature

Please email this form and any attachments to amy@charleshbest.com