

RETURN THIS FORM WITH APPLICATION TO:

**The Barton Center for Diabetes Education, Inc**

P.O. Box 356

North Oxford, MA 01537

Tel: (508) 987 2056

Fax: (508) 987 2002

[www.bartoncenter.org](http://www.bartoncenter.org)

# Barton Family Camp Application

**Family Camp: August 17<sup>th</sup>-21<sup>st</sup>, 2008**

**Cost: \$300 per person, children under 2 are FREE!**

**Maximum fee of \$1,500 per family**

**Family Camp application process:**

Family Camp fills **quickly**. To ensure a place for your family at camp, you must return the following to the camp office as soon as possible:

- Barton Family Camp application.
- \$50 per family, non-refundable registration fee. *The full Family Camp fee must be received at the Barton Center office at least two weeks prior to your family's arrival.* Unfortunately we are unable to provide financial assistance for Family Camp.

Families are accepted as soon as their completed applications and registration fee are received. Confirmation packets will be mailed approximately two weeks after acceptance to the program.

**IF YOU ARE ENROLLING IN THE FAMILY CAMP PROGRAM, YOU DO NOT HAVE TO FILL OUT THE 2008 CAMPER APPLICATION PACKET.**

**Information:**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list individually ALL family members who will be attending:

Name	Male/Female	Diabetes (Y/N)?	Date of Birth	Age

In order to make the whole family comfortable, please let us know of any sleeping habits we should be aware of? \_\_\_\_\_

How did you hear about The Barton Center for Diabetes Education (please be specific)? \_\_\_\_\_

Do you attend a Diabetes Support Group?    YES                      NO

If yes, organized by: \_\_\_\_\_

Has your family been to camp before?                      YES                      NO

If yes, what program(s) did you attend? \_\_\_\_\_

**(PLEASE COMPLETE RELEASES ON BACK)**

**All of the following releases must be signed in order for your family to be enrolled in Family Camp.**

**PUBLICITY RELEASE (Each participating adult must sign)**

- I/We, \_\_\_\_\_, hereby give permission for The Barton Center to use my name, my family's names, and photographs of me and my family members for the publicity/marketing/ecamp efforts of The Barton Center for Diabetes Education, Inc.
- I/We, \_\_\_\_\_, hereby give permission for The Barton Center to use photographs of me and my family members, **omitting our names**, for the publicity/marketing/ecamp efforts of The Barton Center for Diabetes Education, Inc.
- I/We, \_\_\_\_\_, **do not** give permission for The Barton Center to use photographs of me and my family members for the publicity/marketing/ecamp efforts of The Barton Center for Diabetes Education, Inc.

Please list ALL family members attending including yourself: \_\_\_\_\_  
 \_\_\_\_\_

Signature parent/guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature parent/guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

I/We authorize The Barton Center to release and/or receive all medical and academic records including but not limited to those records pertaining to substance abuse and emotional or mental health, for the following family members:

I/We understand that The Barton Center reserves the right to dismiss a participant from any of its programs for any behavior they deem to be inappropriate, including, but not limited to, the use of, the participation in, the possession of, or retention of knowledge about, illegal drug use, drinking, smoking, weapons, teasing, hazing, sexual misconduct, derogatory statements, defiance of program policies, emotional instability, or manipulation of diabetes care.

I/We have read and understand the cancellation policy on the sheet entitled, "Registration and Fee Information."

I/We have read all the enclosed materials including "Our Philosophy: Diabetes Management at Camp." I/We understand and agree to the routines and protocols, which will govern my/our and my/our child's camp experience. In an effort to reduce exposures in the camp environment, I/We understand that I/ my child will be REQUIRED to use one-time-use lancets. I/We also understand that I/my child will not be permitted to use an insulin pen unless I/he/she is able to apply and dispose of the sharp independently.

Signature parent/guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature parent/guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT AND RELEASE**

I/We wish to participate in a program operated by The Barton Center for Diabetes Education, Inc. ("the Program"). I/We acknowledge that participation in the Program activities can involve the risk of injury to me/us/my child or damage to the property of me/us/my child. I/We understand that, due to the nature of some of these activities, such risks cannot be eliminated. I/We further understand that Program staff will engage in diabetes management with me/us/my child but that me/my child's diabetes may increase some risks of participation.

On behalf of myself and my child, I/we voluntarily accept all risk of injury to me/my child resulting from my/his/her participation in the Program. In consideration of me/my child being permitted to participate, I/we, on behalf of my child, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of me/my child's participation in the Program (including diabetes management, transportation and any other activities incident to such participation), and I hereby release, waive, discharge, hold harmless, covenant not to sue and covenant to indemnify The Barton Center for Diabetes Education, Inc. and its or their trustees, officers, agents, employees and contractors, and all other persons associated with The Barton Center for Diabetes Education, Inc. (collectively "Releases"), with respect to any and all liability for any harm, injury, damage, cost or expense of any nature whatsoever, including but not limited to suffering and death, which my child may incur, regardless of the cause, while participating in, or in transit to or from, the Program.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts. If any provision of this Release is deemed so broad as to be unenforceable, such provision shall be interpreted to be only so broad as is enforceable.

**I HAVE CAREFULLY READ THIS RELEASE, AND I FULLY UNDERSTAND ITS CONTENTS.**

CAMPER

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_