

Camper Name: _____

WACKY Participant Name: _____ (please fill out separate camper application)

RETURN THIS FORM WITH APPLICATION TO:

The Barton Center for Diabetes Education, Inc.

P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537
TEL: (508) 987-2056 ext. 100 ~ WEB: www.bartoncenter.org

2010 CAMPER APPLICATION

PLEASE NUMBER FIRST AND SECOND CHOICES:

Clara Barton Resident Camp (Girls Only)

Mini-Camp Sessions (Sun – Thurs; 5 days)

Two-week Sessions (Sun – Thurs; 12 days)

- Mini A (WACKY): June 27th-July 1st (Ages 6-9)
- Teen A (WACKY): June 27th-July 1st (Ages 13-16)
- See Program Description sheet for complete info about WACKY Sessions

- Session I:** July 4th-July 15th (Ages 6-16)
- Mini B: July 4th-July 8th (Ages 10-12)
- Mini C: July 11th-July 15th (Ages 10-12)

- Session II:** July 18th-July 29th (Ages 6-16)
- Mini D: July 18th-July 22nd (Ages 6-9)
- Mini E: July 25th-July 29th (Ages 10-12)

- Session III:** Aug 1st-Aug 12th (Ages 6-16)
- Mini F1: Aug 1st-Aug 5th (Ages 6-9)
- Mini F2: Aug 1st-Aug 5th (Ages 10-12)
- Mini G: Aug 8th-Aug 12th (Ages 10-12)
- Teen G: Aug 8th-Aug 12th (Ages 13-16)

Camp Joslin (Boys Only)

- Session 1 (1 wk): June 27th-July 2nd (Ages 6-16)
- Session 2 (2 wks):** July 4th-July 16th (Ages 6-16)
- Session 3 (2 wks):** July 18th-July 30th (Ages 6-16)
- Session 4 (2 wks):** Aug 1st-Aug 13th (Ages 6-16)
- Session 4a (1 wk): Aug 1st-Aug 6th (Ages 6-9)
- Session 4b (1 wk): Aug 8th-Aug 13th (Ages 10-12)

Barton Family Camp

Coed, All Ages, Whole Family Attends

- Family Camp August 15th-19th
- Please complete separate application, enclosed in this packet.

Adventure/Wilderness Leadership Programs (Coed)

- Adventure Program 1 (ages 13-17)**
(operated with Holyoke Rows)
Rappelling, Climbing, Caving, Snorkeling & Kayaking; 10-days
Limited to 10 campers
July 1st-July 10th
- Wilderness Leadership Program 1 (ages 15-18)**
Canoeing; 7-days
Limited to 8 campers
July 14th-July 20th
- Wilderness Leadership Program 2 (ages 15-18)**
Backpacking; 7-days
Limited to 6 campers
July 28th-August 3rd
- Adventure Program 2 (ages 13-17)**
(operated with Courageous Sailing)
Sailing & City Adventure; 10-days
Limited to 12 campers
August 7th-August 16th

Barton Day Camps - Coed, ages listed below

- One-week sessions (Monday-Friday; 5 days)*
- Rainbow Club: Greenwich, CT (Ages 3-12)**
 - June 28th-July 2nd
- Boston Day Camp: Mass College of Pharmacy, Boston, MA (Ages 6-12)**
 - July 12th-July 16th
- Clara Barton Day Camp: North Oxford, MA (Ages 6-12)**
 - July 19th-July 23rd
- Mt. Sinai/Barton Day Camp: New York City, NY (Ages 6-12)**
 - July 26th-July 30th
- Long Island Day Camp Week 1: Buckley Country Day, Roslyn, NY (Ages 6-12)**
 - August 9th-August 13th
- Long Island Day Camp Week 2: Buckley Country Day, Roslyn, NY (Ages 6-12)**
 - August 16th-August 20th

ALL INFORMATION INCLUDED ON THE APPLICATION WILL BE HELD IN STRICT CONFIDENCE

Barton Policies and Procedures are available upon request

Camp Joslin is operated by The Barton Center for Diabetes Education, Inc.

In order to ensure placement in a program, please complete this application fully.
Spaces are filled on a first-come, first-served basis and camp sessions fill quickly.
The Barton Center reserves the right to return incomplete applications.

For camper security and safety, insert one, current photograph.

CAMPER/FAMILY INFORMATION:

Camper Name: _____ Birth date: ____/____/____
Age as of camp: ____ T-Shirt Size: _____ School grade completed as of camp: _____
Current Residence: _____ City: _____
State: ____ Zip: _____ Home phone number: _____ Email: _____
Can we share your child's name, home address, and home phone number in a session directory given out to the campers each session? YES NO
Living with child in current residence: Mother Father Step-parent Grandmother Grandfather
 Sisters (please list ages _____) Brothers (please list ages _____) Other: _____

Parent or legal guardian name: _____
Address (if different from child's): _____
Place of employment: _____ Occupation: _____
Home phone: _____ Cell phone: _____ Work phone: _____

Parent or legal guardian name: _____
Address (if different from child's): _____
Place of employment: _____ Occupation: _____
Home phone: _____ Cell phone: _____ Work phone: _____

Parent/guardian to reach during daytime: _____ Phone number: _____

Are there any custody or visitation issues that the camp should be aware of at this time? YES NO
If yes, please explain: _____

Parents'/guardians' address, **if different during camp session:** _____
Phone: _____ Dates at this location: _____

CAMP EXPERIENCE/HISTORY:

How did you hear about The Barton Center for Diabetes Education? (If a former camper/alumni, health care provider, etc., please let us know!) _____

Do you attend a diabetes support group? YES NO If yes, organized by: _____

Has your child ever been away from home for more than two days? YES NO Where? _____

Has your child ever been to a camp before? YES NO Where? _____ How Long? _____

Has your child ever been to another diabetes camp before? YES NO Where? _____ How Long? _____

He/she makes friends with other children (check all that apply): Own Age ____ Younger ____ Older ____

Will 2010 be your child's FIFTH summer at The Barton Center (including Camp Joslin)? YES NO

IMPORTANT CONTACT INFORMATION:

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL:

Name: _____ Relationship: _____ Phone: _____

OR Name: _____ Relationship: _____ Phone: _____

NAME OF HEALTH CARE PROVIDER (MD/RN): _____

Phone Number: _____ Mailing address: _____

NAME OF DIABETES CARE PROVIDER: _____

Phone Number: _____ Mailing Address: _____

NAME OF PSYCHOLOGIST/PSYCHIATRIST/SOCIAL WORKER (list all that apply): _____

Phone Number: _____ Mailing Address: _____

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For office use only:	Publicity: Photo & Name	Photo Only	No Permission	New Camper	Bartonian
CBC Session: I II III	Mini: A B C D E F1 F2 G	Teen: A G	Day Camp: RC LI1 LI2 W B NYC	CJ Session: 1 2 3 4 4a 4b	
Adventure: 1 2	Wilderness: 1 2				

All of the following releases must be signed in order for your child to be enrolled in a program.

PUBLICITY RELEASE (Please choose **ONLY ONE** of the following):

I, _____, hereby give permission for The Barton Center to use my child's name and photographs of my child for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

I, _____, hereby give permission for The Barton Center to use photographs of my child, **omitting his/her name**, for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

I, _____, **do not** give permission to The Barton Center to use my child's photograph or name for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

Signature of parent or guardian: _____ Date: _____

**Please note that "photo sharing" refers to electronic services that the organization may use in order to publish pictures taken during your camper's session on a restricted website for you to view while your camper is with us at camp. If you do not give us permission to use your child's photograph, we are unable to publish pictures of your camper on these services.*

I, _____, authorize The Barton Center to release or receive all medical and academic records, for the above-named minor child, including but not limited to those records pertaining to substance abuse and emotional or mental health.

I 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. Dismissed participants will **not** be entitled to a refund of program fees.

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

I understand and agree to the routines and protocols, which will govern my child's camp experience. In an effort to reduce exposures in the camp environment, I understand that my child will be REQUIRED to use one-time-use lancets.

Signature of parent or guardian: _____ Date: _____

ACKNOWLEDGMENT AND RELEASE

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

On behalf of myself and my child, I voluntarily accept all risk of injury to my child resulting from his/her participation in the Program. In consideration of my child being permitted to participate, I, on behalf of my child, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of 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 Joslin Diabetes Center, their trustees, officers, agents, employees and contractors, and all other persons associated with The Barton Center for Diabetes Education, Inc. and Joslin Diabetes Center (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 _____

WITNESS TO PARENT/GUARDIAN SIGNATURE:

Printed Name _____ Signature _____ Date _____

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