

RETURN THIS FORM TO:

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

P.O. Box 356  
North Oxford, MA 01537  
Tel: (508) 987-2056  
www.bartoncenter.org

# Barton Family Camp Application

**Family Camp** (held at Clara Barton Camp): **August 17<sup>th</sup> – 21<sup>st</sup>, 2014**

**Cost: \$335 per person, children under 2 are FREE!**

**Maximum fee of \$1,675 per family**

**Family Camp application process:**

Family Camp is one of our most popular programs and fills **very 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, nonrefundable 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.*
- Limited financial assistance may be available for Family Camp for children with diabetes only. Contact our office for more information.

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 NEED TO FILL OUT THE 2014 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 all families as comfortable as possible, please let us know of any sleeping habits (snoring, etc.) we should be aware of.

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

What is your goal in attending Family Camp? \_\_\_\_\_

Has your family been to camp before?      YES      NO

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

**(PLEASE COMPLETE RELEASES ON BACK)**

**\*\*\* IMPORTANT NOTICE \*\*\***

**Your registration WILL NOT be considered complete and a spot will not be held for your child unless **ALL OF THESE RELEASES ARE COMPLETED AND SIGNED.****

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

**Please choose  
ONE option.**

- 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/photo sharing 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/photo sharing efforts of The Barton Center for Diabetes Education, Inc.
- I/we, \_\_\_\_\_, **do not** give permission to The Barton Center to use photographs of me and my family members or names for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

Signature of parent or guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

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

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 it deems 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 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/our child will be REQUIRED to use one-time-use lancets.

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 my/our/my child's property. 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 my/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 my/my child's participation in the Program (including diabetes management, transportation and any other activities incident to such participation), and I/we hereby release, waive, discharge, hold harmless, covenant not to sue and covenant to indemnify The Barton Center for Diabetes Education, Inc., its 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 I/we/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 \_\_\_\_\_

WITNESS TO PARENT/GUARDIAN SIGNATURE:

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