



CrossFit Classes

Camp Joslin and Clara Barton Camp will offer CrossFit Classes for campers **ages 12 and above during all one, two and three-week sessions at both camps, but space is limited.** The classes are held at CrossFit 1977 located in Charlton, MA, a short drive from both Clara Barton Camp and Camp Joslin. Campers at two-week sessions will receive 5 one-hour classes throughout their camp stay at the gym with an instructor. Campers at one-week sessions will receive 2 one-hour classes, and campers at the three-week session will receive 7 one-hour classes.

CrossFit is a core strength and conditioning program. Crossfit 1977 has designed our program to elicit as broad and adaptable a response as possible. CrossFit is not a specialized fitness program but a deliberate attempt to optimize physical competence in cardiovascular and respiratory endurance, stamina, strength, flexibility, power, speed, coordination, agility, balance, and accuracy. The CrossFit Program was developed to enhance an individual's competency at all physical tasks.

The cost for CrossFit Classes at two-week sessions is \$60 per child in addition to the total camp fee. The cost for CrossFit Classes at one-week sessions is \$25, and the three-week session cost is \$80. Spaces are filled on a first-come, first-served basis. Spaces will not be reserved until full payment is received. We suggest that you register right away.

To reserve a space in CrossFit Classes, fill out and return the following information with the appropriate payment. Please make checks payable to The Barton Center for Diabetes Education. If you have any questions, please contact The Barton Center at (508) 987-2056 X 2000 or email us at info@bartoncenter.org.

CrossFit Class cost: \$80 for Session 1TW (three weeks)
CrossFit Class cost: \$60 for Sessions 2, 3, 4 (two weeks)
CrossFit Class cost: \$25 for Session 1, 3a, 3b, 4a, 4b (one week)

Camper Name: _____
Session Attending: _____ Clara Barton Camp _____ Camp Joslin _____
Payment: _____ Check _____ Master Card _____ Visa _____ Number: _____
Name as it appears on card: _____ Expiration Date: ____/____
CVV (3-digit Verification # on front or back of card): _____
Signature of card holder: _____
Parents'/Guardians' Names: _____
Address: _____
Phone Number: _____

RETURN TO:
The Barton Center for Diabetes Education, Inc.
P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537
Tel: (508) 987-2056 www.bartoncenter.org