

Camper Name: _____ Birth Date: _____

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

RETURN THIS FORM TO:

The Barton Center for Diabetes Education, Inc.

P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537

TEL: (508) 987-2056 ext. 2000 ~ WEB: www.bartoncenter.org

**PLEASE NOTE: WE DO NOT ACCEPT FAXED, EMAILED, OR TELEPHONED APPLICATIONS!
ONLINE REGISTRATION IS AVAILABLE ON OUR WEBSITE!**

2019 CAMPER APPLICATION

PLEASE NUMBER FIRST AND SECOND CHOICES:

Clara Barton Camp – Girls Only, Ages 6-16

One-week, Two-week, and Three-week Sessions (Sunday – Saturday)

**See Program Description sheet for complete info on WACKY session.*

***Bridge Weekends only for those attending consecutive 2-week sessions.*

- Session 1 (WACKY)* (1 wk): June 23rd – June 29th
Register for Session 1 (June 23-June 29) by March 25th and receive a \$100 discount. Discount applies only to Session 1.
- Session 1TW (3 wks): June 23rd – July 13th
- Session 2 (2 wks): June 30th – July 13th
- Bridge Weekend A** (Ses. 1TW/2 to 3): July 13th – 14th
- Session 3 (2 wks): July 14th – July 27th
- Session 3a (1wk): July 14th – July 20th
- Session 3b (1wk): July 21st – July 27th
- Bridge Weekend B** (Session 3 to 4): July 27th – 28th
- Session 4 (2 wks): July 28th – August 10th
- Session 4a (1 wk): July 28th – August 3rd
- Session 4b (1 wk): August 4th – August 10th

Barton Family Camp – Coed, All Ages

- Family Camp August 11th – August 16th
 - o Please complete separate application, enclosed in this packet.

Adventure Program – Coed, Ages 13-18

- New England Adventure (*Limited to 12 campers*)
July 13th – July 27th

Adventure campers must be physically capable of making the trip. Campers will need physician approval. Moderate difficulty, some outdoor experience recommended. Please contact The Barton Center for more information.

Vermont Overnight Camp – Coed, Ages 6-16

- Vermont Overnight Camp (South Hero, VT)
July 7th – July 12th

Camp Joslin – Boys Only, Ages 6-16

One-week, Two-week, and Three-week Sessions (Sunday – Saturday)

**See Program Description Sheet for complete info on WACKY session.*

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Barton Day Camps* – Coed, ages listed below

One-week sessions (Monday-Friday; 5 days)

**See Program Description sheet for complete info on WACKY session.*

- Rainbow Club: Greenwich, CT (Ages 3-15)
 - o June 24th – June 28th
- Worcester Day Camp: Worcester, MA (Ages 6-15)
 - o July 15th – July 19th
- Danvers Day Camp: Danvers, MA (Ages 6-15)
 - o July 22nd – July 26th
- Long Island Day Camp: Old Westbury, NY (Ages 5-15)
 - o July 29th – August 2nd

**ALL INFORMATION INCLUDED ON THE APPLICATION WILL BE HELD IN STRICT CONFIDENCE.
Health Care policy, background review and grievance policies are available upon request.**

For office use only:	New Camper	Fifth Year										
CBC Session:	2	3	4	One-week:	1	3a	3b	4a	4b	Three-week:	1TW	Bridge: A B
CJ Session:	2	3	4	One-week:	1	3a	3b	4a	4b	Three-week:	1TW	Bridge: A B
Day Camp:	RC	W	D	LI	New England Adventure				Vermont Overnight Camp			

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

CAMPER/FAMILY INFORMATION: Camper Name: _____ Birth Date: ___/___/___
Camper age as of camp: _____ School grade completed as of camp: _____ Gender: _____
Current Residence-Street Address: _____
City: _____ State: _____ Zip: _____ Living with child in current residence: Mother
 Father Step-parent Grandmother Grandfather Sisters Brothers Other: _____

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

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Address (if different from child's): _____
Place of employment: _____ Occupation: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Email: _____

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' location, **if different during camp session:** _____
Phone: _____ Dates at this location: _____

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL:
Name: _____ Relationship: _____ Phone: _____
OR Name: _____ Relationship: _____ Phone: _____

NAME OF PRIMARY HEALTH CARE PROVIDER: _____
Phone Number: _____ Mailing address: _____

NAME OF DIABETES CARE PROVIDER and affiliated institution:
Name _____ Institution _____
Phone Number: _____ Mailing Address: _____

NAME OF PSYCHOLOGIST/PSYCHIATRIST/SOCIAL WORKER (list all that apply): _____
Phone Number: _____ Mailing Address: _____

NAME OF DENTIST: _____
Phone Number: _____ Mailing address: _____

Do we have permission to speak with your child's mental health/diabetes/other health care providers? YES NO

CAMP EXPERIENCE/HISTORY:
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 2019 be your child's FIFTH summer at The Barton Center (including Camp Joslin and Day Camp)? YES NO

Bunkmate Requests: _____ (We make every effort to accommodate special requests but cannot guarantee that they will be honored.)

MEDICAL INFORMATION: (non-diabetes related)

PLEASE PROVIDE COPIES OF FRONT AND BACK OF ALL INSURANCE AND PRESCRIPTION CARDS.

Does your child have any allergies or intolerances (medications, food, etc.)? YES NO
If yes, please explain (include reaction): _____

Has your child been hospitalized (including psychiatric facilities)? YES NO

If yes, please explain (include reason and year): _____

Please list any serious injuries and/or accidents (include type of injury, date and treatment): _____

Please list all medications/vitamins, etc. (aside from insulin) that your child takes along with other information below:

Medication	Dosage	Time	Reason for taking medication

MEDICAL HISTORY:

Asthma	No	Yes	Heart disease	No	Yes
ADD/ADHD	No	Yes	Severe low blood sugar	No	Yes
Anxiety	No	Yes	Eating disorder	No	Yes
Depression	No	Yes	Learning or developmental disorder	No	Yes
Bedwetting	No	Yes	Problems sleeping	No	Yes
Constipation	No	Yes	Seizures	No	Yes
DKA	No	Yes	Other	No	Yes

If Yes, please describe: _____

Does your child have any other medical, physical, social, or emotional problems other than diabetes?

YES NO If yes, please specify: _____

Has your child ever been on a behavior modification plan or a formal disciplinary plan? YES NO

If yes, was he/she able to successfully adhere to it? YES NO

Please explain: _____

Has your child demonstrated any risk-taking behavior in relation to his/her diabetes, including but not limited to: intentionally omitting insulin, under bolusing or over bolusing? YES NO If yes, please

explain: _____

Does your child currently participate in Special Education Services? YES NO

If yes, please explain: _____

Help us to understand your child so that he/she will have a HAPPY, SAFE, CONFIDENCE-BUILDING camp experience. PLEASE include difficulties with **diabetes management, physical, emotional and psychological needs, behavioral problems, eating problems, social concerns, possibility of homesickness**, etc., and the techniques you find useful in supporting your child. *The more honest, open and descriptive you can be, the better* as this information is extremely important in helping us provide the *best possible* camp experience for your child and his/her camp peers. (Please attach another sheet if needed.)

Diabetes Information:

Date of diagnosis: _____ Most recent A1c: _____ Date: _____

Has your child ever had a severe low blood sugar (seizure, loss of consciousness, or other)? YES NO

If yes, when and how often? _____

Does your child use an insulin pump? YES NO If yes, which one? _____ For how long? _____

Does your child wear a continuous glucose monitoring device? YES NO If yes, which one? _____

Any additional comments/suggestions from parents/guardians: _____

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

The Barton Center does not discriminate on the basis of financial income, race, religion, ethnicity, gender, gender identity, sexual orientation, or family experiences.

***** 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

The Barton Center takes photographs/digital media at all Barton camps, programs, and events. I/we understand that whenever I/we/my child/children/family members are on camp property or at camp events, we may appear in photographs/digital media.

I/we, _____, hereby give permission for The Barton Center to use photographs/digital media of my child/children/myself/family members for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

Signature of parent/guardian: _____ Date: _____

Signature of parent/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.*

MEDICAL RELEASE AND POLICIES RELEASE

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 hereby give permission to the health care provider selected by the on-site camp licensed medical provider to order X-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the on-site camp licensed medical provider to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

I 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, bullying, physical violence of ANY sort whether directed towards campers, staff or self, 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/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., 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 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 _____