

Camper Name: _____ Birth Date: _____

RETURN THIS FORM TO:

info@bartoncenter.org

Online registration for this program is also available at: www.bartoncenter.org

2020 VIRTUAL CAMP APPLICATION

Winter Camp December 27th – 31st, 2020

SPACE IS LIMITED.

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

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

CAMPER/FAMILY INFORMATION:

Camper Name: _____ Birth Date: ____/____/____

Camper age as of camp: ____ Current school grade: ____ Gender: _____

Current Mailing Address: _____

City: _____ State: ____ Zip: _____

Parent or legal guardian name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Email: _____

Parent or legal guardian name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Email: _____

MEDICAL INFORMATION: (non-diabetes related)

Does your child have any other medical, physical, social, or emotional problems other than diabetes that we should be aware of when doing virtual programming? YES NO

If yes, please specify: _____

Help us to understand your child so that he/she will have a HAPPY, SAFE, CONFIDENCE-BUILDING virtual camp experience. PLEASE include difficulties with **diabetes management, behavioral problems, social concerns**, etc. that we should know about to ensure he/she has the best virtual camp experience possible.

Please also include techniques you find useful in supporting your child.

Diabetes Information:

Date of diagnosis: _____

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.***

POLICIES RELEASE

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 allowed to continue in the virtual camp program.

Signature of parent/guardian: _____ **Date:** _____

ACKNOWLEDGMENT AND RELEASE

I, _____, am the parent/guardian of _____, a child wishing to participate in a virtual 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, including transportation to field trips off camp, 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 _____