



2024 CrossFit Classes

The Barton Center will offer CrossFit Classes for campers **ages 6-16 during all one- and two-week sessions at camp, but space is limited.** The classes will be held at CrossFit Charlton and run by trainers from CrossFit Charlton located in Charlton, MA, a short drive from Camp Joslin. Campers at two-week sessions will receive 4 one-hour classes throughout their camp stay with an instructor. Campers at one-week sessions will receive 2 one-hour classes.

CrossFit is a core strength and conditioning program. CrossFit Charlton’s mission is to help you, “Make a positive impact on your health through fitness.” A supporting community of peers is crucial for long-term health and fitness. Our expert staff care about your fitness growth and are there to help you succeed. The CrossFit Program includes classes that are adaptable to all ages and combine both exercise and fun for a unique experience. For more information on specifics of what classes may look like as well as photos from both regular and Kid-Fit Classes, please visit CrossFit Charlton’s website at www.crossfitcharlton.com.

The cost for CrossFit Classes at two-week sessions is \$100 per child in addition to the total camp fee. The cost for CrossFit Classes at one-week sessions is \$50. 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. **PLEASE NOTE: YOU MUST REGISTER AND PAY FOR CROSSFIT AT LEAST 2 WEEKS PRIOR TO OPENING DAY!**

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. Please also complete the enclosed waiver. If you have any questions, please contact The Barton Center at (508) 987-2056, Ext. 2000 or email us at info@bartoncenter.org.

CrossFit Class cost: \$100 for Sessions 1, 2, 3 (two weeks)
CrossFit Class cost: \$50 for Sessions 1a, 1b, 2a, 2b, 3a, 3b (one week)

Camper Name: _____

Session(s) Attending: _____

Payment: Check Credit Card 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