

Camper Name: _____ DOB: _____

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
Online Registration also available on our website!!!

2014 CAMPER APPLICATION

PLEASE NUMBER FIRST AND SECOND CHOICES:

Clara Barton Resident Camp (Girls Only)

*One-week, Two-Week, and Three-Week Sessions
(Sunday – Friday)*

- Session 1 (WACKY): June 29th-July 4th (Ages 6-16)
- See Program Description sheet for complete info about WACKY Session. Register for Session 1 (June 29-July 4) by March 28th and receive a \$100 discount. Discount applies only to Session 1.
- Session 1TW (3 wks): June 29th-July 18th (Ages 6-16)
Limited to 20 campers.
- Session 2 (2 wks): July 6th-July 18th (Ages 6-16)
- Session 3 (2 wks): July 20th-Aug 1st (Ages 6-16)
- Session 4 (2 wks): Aug 3rd-Aug 15th (Ages 6-16)
- Session 4a (1 wk): Aug 3rd-Aug 8th (Ages 6-16)
- Session 4b (1 wk): Aug 10th-Aug 15th (Ages 6-16)

Barton Family Camp

Coed, All Ages, Whole Family Attends

- Family Camp August 17th-21st
- Please complete separate application, enclosed in this packet.

Camp Joslin (Boys Only)

*One-week, Two-Week, and Three-Week Sessions
(Sunday - Friday)*

- Session 1 (WACKY): June 29th-July 4th (Ages 6-16)
- See Program Description sheet for complete info about WACKY Session. Register for Session 1 (June 29-July 4) by March 28th and receive a \$100 discount. Discount applies only to Session 1.
- Session 1TW (3 wks): June 29th-July 18th (Ages 6-16)
Limited to 20 campers.
- Session 2 (2 wks): July 6th-July 18th (Ages 6-16)
- Session 3 (2 wks): July 20th-Aug 1st (Ages 6-16)
- Session 4 (2 wks): Aug 3rd-Aug 15th (Ages 6-16)
- Session 4a (1 wk): Aug 3rd-Aug 8th (Ages 6-16)
- Session 4b (1 wk): Aug 10th-Aug 15th (Ages 6-16)

Adventure Programs

Coed, Ages 13-18

(Operated with New York YMCA Camp)

Adventure Campers must be physically capable of making the trip enrolling for this summer. Campers will need physician approval.

- Northeast Adventure**
Loaded with activities and destinations in NY, NH, VT, MA, and RI including hiking, camping, whitewater rafting, rock climbing, wind surfing, and deep sea fishing. Summit Mt. Mansfield and visit Ben & Jerry's factory while in VT.
June 28th-July 10th *Limited to 10 campers*
- Delaware River Adventure**
Campers will paddle the Upper Delaware National Scenic Riverway. Participants will learn to manage their diabetes and balance food and blood sugars during continuous, strenuous activity. Campers will carry all necessary food and provisions for a week-long trip on the river. Get ready to rough it!
July 12th-July 17th *Limited to 10 campers*

Barton Day Camps - Coed, ages listed below

- One-week sessions (Monday-Friday; 5 days)*
- Rainbow Club: Greenwich, CT (Ages 3-15)**
 - June 30th-July 4th
- Boston Day Camp: Mass College of Pharmacy, Boston, MA (Ages 6-12)**
 - July 7th-July 11th
- Clara Barton Day Camp: Worcester, MA (Ages 6-12)**
 - July 14th-July 18th
- Western NE Day Camp: Northampton, MA (Ages 6-12)**
 - July 21st-July 25th
- Mt. Sinai/Barton Day Camp: New York City, NY (Ages 6-12)**
 - July 28th-August 1st
- Long Island Day Camp Week 1: Old Westbury, NY (Ages 6-12)**
 - August 4th-August 8th
- Long Island Day Camp Week 2: Old Westbury, NY (Ages 6-12)**
 - August 11th-August 15th

**ALL INFORMATION INCLUDED ON THE APPLICATION WILL BE HELD IN STRICT CONFIDENCE.
Barton Policies and Procedures are available upon request.**

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

For camper security and safety, insert one, current photograph.

CAMPER/FAMILY INFORMATION:

Camper Name: _____ Birth date: ____/____/____
 Age as of camp: ____ T-Shirt Size—*Please circle one:* Child: S M L Adult: S M L XL
 School grade completed as of camp: _____
 Current Residence: _____ City: _____
 State: ____ Zip: _____ Home phone #: _____ Parent Email: _____
 Can we share your child's name, home address, and home phone number and family e-mail in a session directory given out to the campers each session? YES NO
 Living with child in current residence: Mother Father Step-parent Grandmother Grandfather
 Sisters Brothers Other: _____

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

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

Parent/guardian to reach during daytime: _____ Phone number: _____
 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' address, **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 HEALTH CARE PROVIDER (MD/RN): _____
 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: _____

CAMP EXPERIENCE/HISTORY:

How did you hear about The Barton Center for Diabetes Education? (If a former camper/alumni, health care provider, etc., please let us know!) _____
 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 2014 be your child's FIFTH summer at The Barton Center (including Camp Joslin and Day Camp)? YES NO

For office use only:	Publicity:	Photo & Name	Photo Only	No Permission	New Camper	Fifth Year
CBC Session:	2 3 4	One-week: 1	4a 4b	Three-week: 1TW		
Day Camp:	RC B W WNE	NYC LI1 LI2				
CJ Session:	2 3 4	One-week: 1	4a 4b	Three-week: 1TW		
Adventure:	Northeast	Delaware River				

MEDICAL INFORMATION: (non-diabetes related)

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

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

Please list all medications (aside from insulin) that your child takes and indicate dosage and reason for taking below:

Medication	Dosage	Reason for taking medication
------------	--------	------------------------------

Does your child have any allergies (medications, food, etc)? YES NO

If yes, please explain: _____

Has your child been hospitalized in the past year (including psychiatric facilities)? YES NO

If yes, please explain: _____

Does your child have any other 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: intentional omitting or under bolusing, over bolusing, diabulimia? 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.)

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

Diabetes Information:

How long has your child had diabetes? _____ Date of diagnosis: _____

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

If yes, when and how often? _____

Brand and type of insulin used (please circle all that apply):

- Rapid Acting:** Humalog Novolog Apidra
- Short Acting:** Regular (circle brand) - Humulin Novolin
- Intermediate Acting:** NPH (circle brand) - Humulin Novolin
- Long Acting:** Glargine (Lantus) Detemir (Levemir)
- Other:** _____

Does your child use an injection device to insert needle or infusion set (injectomatic, inject-ease, soft-set inserter, or other)? YES NO If yes, please specify name of device used: _____

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

Any additional comments/suggestions from parents/guardians: _____

***** 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, _____, hereby give permission for The Barton Center to use my child's name and photographs of my child for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

I, _____, hereby give permission for The Barton Center to use photographs of my child, **omitting his/her name**, for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

I, _____, **do not** give permission to The Barton Center to use my child's photograph or name for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

Signature of parent or 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. If you do not give us permission to use your child's photograph, we are unable to publish pictures of your camper on these services.*

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 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 or 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 _____