

RETURN THIS FORM WITH APPLICATION TO:

**The Barton Center for Diabetes Education, Inc.**

P.O. Box 356 ~ North Oxford, MA 01537  
Tel: (508) 987 2056 ~ Fax: (508) 987 2002  
[www.bartoncenter.org](http://www.bartoncenter.org)

# Barton Type Tu Family Weekend Application

**Family Camp (held at Clara Barton Camp): August 20-22, 2010**

**Cost: \$25 per family, refundable upon completion of program!**

**Family Camp application process:**

To ensure a place for your family at camp, you must return the following to the camp office as soon as possible:

- Barton Family Camp application.
- \$25 per family, refundable upon completion of program.
- *The Family Camp fee must be received at The Barton Center office at least two weeks prior to your family's arrival.*

Families are accepted as soon as their completed applications and registration fee are received. Confirmation packets will be mailed approximately two – four weeks after acceptance to the program.

**Information:**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list individually ALL family members who will be attending:

Name	Male/Female	Diabetes (Y/N)?	Date of Birth	Age
_____				
_____				
_____				
_____				

In order to make the whole family comfortable, please let us know of any sleeping habits we should be aware of?

How did you hear about The Barton Center for Diabetes Education (please be specific)? \_\_\_\_\_

Do you attend a Diabetes Support Group?      YES      NO  
If yes, organized by: \_\_\_\_\_

Has your family been to a camp before?      YES      NO  
If yes, what program(s) did you attend? \_\_\_\_\_

**(PLEASE COMPLETE RELEASES ON BACK)**

Camp Joslin is operated by The Barton Center for Diabetes Education, Inc.

**All of the following releases must be signed in order for your family to be enrolled in Family Camp.**

**PUBLICITY RELEASE – PLEASE CHECK ONLY ONE BOX (Each participating adult must sign)**

- I/We, \_\_\_\_\_, hereby **give permission** for The Barton Center to use my name, my family's names, and photographs of me and my family members for the publicity/marketing efforts of The Barton Center for Diabetes Education, Inc.
- I/We, \_\_\_\_\_, hereby give permission for The Barton Center to use photographs of me and my family members, **omitting our names**, for the publicity/marketing efforts of The Barton Center for Diabetes Education, Inc.
- I/We, \_\_\_\_\_, **do not** give permission for The Barton Center to use photographs of me and my family members for the publicity/marketing efforts of The Barton Center for Diabetes Education, Inc.

Please list ALL family members attending including yourself: \_\_\_\_\_

Signature parent/guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature parent/guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

I/We authorize The Barton Center to release and/or receive all medical and academic records including but not limited to those records pertaining to substance abuse and emotional or mental health, for the following family members:

I/We understand that The Barton Center reserves the right to dismiss a participant from any of its programs for any behavior they deem 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, teasing, hazing, sexual misconduct, derogatory statements, defiance of program policies, emotional instability, or manipulation of diabetes care.

I/We understand and agree to the routines and protocols, which will govern my/our and my/our child's camp experience. In an effort to reduce exposures in the camp environment, I/We understand that I/ my child will be REQUIRED to use one-time-use lancets.

Signature parent/guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature parent/guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT AND RELEASE**

I/We wish to participate in a program operated by The Barton Center for Diabetes Education, Inc. ("the Program"). I/We acknowledge that participation in the Program activities can involve the risk of injury to me/us/my child or damage to the property of me/us/my child. I/We understand that, due to the nature of some of these activities, such risks cannot be eliminated. I/We further understand that Program staff will engage in diabetes management with me/us/my child but that me/my child's diabetes may increase some risks of participation.

On behalf of myself and my child, I/we voluntarily accept all risk of injury to me/my child resulting from my/his/her participation in the Program. In consideration of me/my child being permitted to participate, I/we, on behalf of my child, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of me/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. and Joslin Diabetes Center, their trustees, officers, agents, employees and contractors, and all other persons associated with The Barton Center for Diabetes Education, Inc. and Joslin Diabetes Center (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 \_\_\_\_\_

PARENT/GUARDIAN  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Barton Center for Diabetes Education, Inc.**

**HEALTH FORM**

**Type Tu Family Weekend**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Diabetes? YES NO

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

Diabetes Care Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

Does this person have any medical conditions (other than diabetes) or psychosocial issues that we should be aware of?

Has your child experienced or been exposed to anyone with a fever, cough, runny nose, vomiting or diarrhea within the last 3 weeks?

Does this person have any activity restrictions?

Dietary restrictions:

Allergies:

Medications other than insulin: (MEDICATIONS must be in the ORIGINAL, PHARMACY LABELLED CONTAINER)

Name of Medication	Dosage	Time usually taken
_____	_____	_____
_____	_____	_____

**DIABETES INFORMATION:**

How much exercise does your child do: 1-2 hours day  2-3 hours week  1-2 times month  very rare

Does your child use a MEAL PLAN or CARBOHYDRATE COUNTING? Circle one: YES NO

Please explain: \_\_\_\_\_

Please give us an idea of the amount of food your child normally eats. If you can, list either as total carbs or exchanges, otherwise just list the types of food eaten:

Breakfast:      A.M. Snack:      Lunch:      P.M. Snack:      Dinner:      Bedtime snack:

**Please turn the page over and fill out the other side.**

**AUTHORIZATION AND RELEASE**

ALL PARTICIPANTS MUST SIGN BELOW OR BE LISTED AS MINORS.

(A) Please complete for yourself and/or your child.

Name: \_\_\_\_\_

Parent’s authorization. This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I hereby give permission to the physician selected by the representative of The Barton Center for Diabetes Education, Inc. to order x-rays, routine tests, and treatment for the health of me/my child, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by The Barton Center for Diabetes Education, Inc. to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for me/my child as named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

(B) **FOR VOLUNTEERS ONLY:** Please complete for participant under the age of 18.

My child, \_\_\_\_\_, under the age of 18, has my permission to manage his/her own diabetes at year-round programs. This includes monitoring and documenting blood glucose levels, adjusting insulin doses, administering insulin doses, configuring boluses, carbohydrate to insulin ratios and correction factors, treating hypoglycemic reactions, and other aspects of diabetes management.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

NOTE: Parents of volunteers less than 18 years of age must complete parts A, B, and C.  
Volunteers over the age of 18 must complete parts A and C.

**(C) ALL PARTICIPANTS MUST SIGN BELOW: ACKNOWLEDGMENT AND RELEASE**

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On behalf of myself and my child, I/we voluntarily accept all risk of injury to me/my child resulting from my/his/her participation in the Program. In consideration of me/my child being permitted to participate, I/we, on behalf of my child, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of me/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. and its or their 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.

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**I HAVE CAREFULLY READ THIS RELEASE, AND I FULLY UNDERSTAND ITS CONTENTS.**

**CAMPER**

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please turn the page over and fill out the other side.**