Destination Science

Policy & Procedure Form for Aides at DS Camp

Camper Name				Grade in Fall:							
Parent Email:			Primary Phone								
Alt. Phone			Camp Location:								
3 6		our d	child will attend 6/19-6/23 6/26-6/30	d camp			7/17-7/21 7/24-7/28		7/31-8/04 8/07-8/11		8/14-8/1 8/21-8/2
8. 9.	All aides must Destination S Aides must a related, blood sandals/crocs Aides are not Aides are not campers that emergency be We expect aid time is hitting. The purpose other camper distraction, or Aides shall not children, the a	cience gn the dhere dy, so allow allow are pasis a des to /slappo of the se interfect be a aide, a aide, a	east 18 or over. e successfully pe is not response liability waiver to a dress codery, etc.). Cloth wed, underwear wed to have visit wed to text/talk/present. Cell phorn away from the ogo along with a sing/screaming aide is to facilities expected that fere with the notallowed one-on and the protection camp staff metallowed one-on and the protection.	sible for below e: no faing mu not shores. Shores shore ground the ground the ground the ground the ground open of C	r any illnesses, prior to arriving acial piercings of the G-rated arown, no sexy returned by the phone while rould be put away. It we attitude and repunitive action dissist the speed assist the speed assist the speed as a child in respection of the prestination Scie	injuries g at cam or body and in g evealing ay and presen as acce ecial nee ecial nee pectful group. etrooms nce itse	piercings, no cood condition, tops/bottoms ty. This can be only be used to themselves in ptable. The situation of the situation of the situation, or other areas of as an organ	offensive closed for a distration a cheer ides are no so as representation. It is a closed for a cheer ides are no so as representation. It is a closed for a clo	e tattoos (anti ratoe shoes are ranust be worn at action to the action to the action and caring and in the position to cause district to cause district sis encouraged in appropriate care	acial, grequired all time ivity or rents or manne tion to struption d. tion of a contact of the	ang d no es. other n an r. At no supervise
Ву	signing this I a	igree	to follow the af	oremen	tionea policy.						
Pa	Parent Name		Pa	Parent Signature			Date				
per me from pro	rsonnel, any trea edical services re m any claims for	tment ndere accide	gency, I authorize deemed necessa d. I hereby releas ent, injury or loss e read and fully u	ary for n se Desti of valua	ny immediate car nation Science a ables that may ar	e and ag nd the a rise out o	gree that I will be bove named Lo of, connected wi	e respons cation, its ith or in a	sible for paymen s agents, owners iny way associate	t of any and emed ad with t	and all nployees these
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Fax (888-909-7577), email (info@destinationscience.org) or mail (Destination Science 953 N. Elm Street, Orange, CA 92867) all documents at least one week prior to the start of your camp session.