



Destination Science

Policy & Procedure Form for Aides at DS Camp

Camper Name _____

Parent Email: _____

Primary Phone _____ Alt. Phone _____

Camp Location: _____

Check week(s) at camp:

- 6/08-6/12
 6/15-6/19
 6/22-6/26
 6/29-7/02*
 7/06-7/10
 7/13-7/17
 7/20-7/24
 7/27-7/31
 8/03-8/07
 8/10-8/14
 8/17-8/21

1. Aides must be at least 18 years of age or over.
2. All aides must have successfully passed a fingerprinting and background check.
3. Destination Science is not responsible for any illnesses, injuries, or death occurring on the property to the aide.
4. Aides must sign the liability waiver below prior to arriving at camp.
5. Aides must adhere to a dress code: no facial piercings or body piercings, no offensive tattoos (anti racial, gang related, bloody or scary, etc.). Clothing must be G-rated and in good condition, closed toe shoes are required no sandals/crocs allowed, underwear not showing, no sexy revealing tops/bottoms, shirts must be worn at all times.
6. Aides are not allowed to have visitors.
7. Aides are not allowed to text/talk/play on the phone while on duty. This can be a distraction to the activity or other campers that are present. Cell phones should be put away and only be used to communicate with parents on an emergency basis and away from the group.
8. We expect aides to go along with a positive attitude and present themselves in a cheerful and caring manner. At no time is hitting/slapping/screaming or other punitive actions acceptable.
9. The purpose of the aide is to facilitate and assist the special needs camper. Aides are not in the position to supervise other campers. It is expected that the aide should be respectful of the situation so as not to cause disruption, distraction, or interfere with the normal operations of the group. Singing of camp songs is encouraged.
10. Aides shall not be allowed one-on-one with a child in restrooms, or other areas. This is for the protection of all children, the aide, and the protection of Destination Science itself as an organization. Inappropriate contact of any sort with a camper or camp staff member shall result in removal of an aide from the property, and further actions as appropriate.

By signing this I agree to follow the aforementioned policy.

Parent Name _____ Parent Signature _____ Date _____

In the event of any emergency, I authorize Destination Science Staff to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. I hereby release Destination Science and the above named Location, its agents, owners and employees from any claims for accident, injury or loss of valuables that may arise out of, connected with or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

By signing this I agree to follow the aforementioned policy. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Aide Name _____ Aide Signature _____ Date _____

Aide Address _____ City _____ State _____ Zip _____

Agency Affiliation _____ Agency Contact _____ Agency Phone _____

Worker's Comp Carrier _____

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.

DESTINATION SCIENCE

A nonprofit organization dedicated to getting kids excited about science & building great life skills. ID# 33-0943159

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