



Destination Science

Policy & Procedure Form for Aides at DS Camp

Camper Name _____

Camper's Parent Email: _____

Camper's Parent Phone _____ Alt. Phone _____

Camp Location: _____

Indicate week(s) at camp: 1st week: _____ 2nd week: _____ 3rd week: _____ 4th week: _____

1. We welcome aides that are at least 18 years of age and have successfully passed a fingerprint & background check.
2. We require that aides sign the liability waiver below prior to arriving at camp, releasing Destination Science of any responsibility for illnesses, injuries, or death occurring on the property to the aide.
3. We ask aides to adhere to our modest dress code; no sexy revealing tops/bottoms, shirts will be worn at all times, no excessive piercings or offensive tattoos, For safety, sandals are not permitted, closed-toe, rubber-sole shoes are preferred.
4. Destination Science does not allow visitors or guests on the camp grounds.
5. Cell phones should be put away and only be used to communicate with parents on an as needed basis and away from the group.
6. We expect aides to present on site with a positive attitude and in a cheerful and caring manner.
7. The role of an aide is to facilitate and assist their assigned camper, while discreetly blending into the overall camp operation. We encourage singing of camp songs, cheerfully playing camp games, participating in the camp activities and offering to be helpful to DS staff. Aides are not expected to supervise or correct other campers. It is expected that the aide shall not cause disruption, distraction, or interfere with the normal operations of the group.
8. Aides are asked to not be one-on-one with any 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.
9. Aides are required to adhere to DS COVID safety protocols including, mask wearing other than while eating or drinking, 6 ft social distancing to other campers & staff, hand washing, assisting with equipment sanitizing, participating in daily health checks, and assisting with limiting contacts.

Camper's 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 this document at least one week prior to the start of your camp session. (info@destinationscience.org)

DESTINATION SCIENCE

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

Phone: 1(888) 909-2822

www.destinationscience.org