

DAC Camp Can Do Registration 2017

Name _____ Birthdate _____ Parent/Guardian _____

Sibling/Family attending Camp _____ Aide/Assistant attending camp _____

Address _____
Street City State Zip

Home Phone _____ Cell _____ Disability, if any _____

What special accommodations will you need to participate in CAMP CAN-DO? _____

Emergency and Medical Information

Emergency Contact Name _____ Phone# _____

Do you have special needs or medical conditions that we need to be aware of for camp activities such as swimming, being in the sun, running, etc? _____

Please list medications (**Guardians must give all medications to camp participants**)

Please list and allergies (Food, Medications, Insects, Others)

Please list any behaviors your child may have or any additional information that our staff should know?

Please explain your/your child's communications skills or needs (verbal direction, sign, communication device)

Participation Agreement

1. By participating in programs of the Disability Action Center, I understand that information gathered and shared with staff, volunteers, and Board members is kept confidential unless deemed a safety issue to myself or others unless I give my consent to share the information via the Consent for Release of Information _____
2. I understand that my participation in Disability Action Center activities and programs is voluntary and there is no penalty or consequence for discontinuing participation at any time during the programs _____
3. I understand that the Disability Action Center will not be responsible for injury, accident, loss or damage of property, or other liabilities that are of no direct responsibility of the center, our staff, volunteers, or Board _____
4. I understand that by participating in programs and activities of the Disability Action Center I may travel in vehicles with DAC staff, volunteers, or Board members, and the aforementioned are not responsible for injury, damage to property, or accident that occurs while providing me transportation _____
5. I understand that the Disability Action Center documents the programs and activities in a photographic and media archive wherein my photograph may be used in brochures, websites, social networking sites, promotional materials, and other print materials _____
6. I understand that I must adhere to the Disability Action Center Code of Conduct while participating in DAC activities and programs _____

By initialing above and signing below I understand the Participation Agreement

Client Name _____ Signature _____ Date _____

Parent Name _____ Signature _____ Date _____



Code of Conduct

All Disability Action Center employees, clients, volunteers, and participants are expected to conduct themselves in a professional and courteous manner and observe the following standards of behavior both inside the DAC and outside where the participant can be perceived as representing the DAC.

- a. Comply with all laws, policies, procedures, rules, regulations and contracts.
- b. Comply with all lawful and reasonable directions from DAC Staff, Executive Director, and Board of Directors.
- c. Display the appropriate image of professionalism in the workplace. Appearance will be neat and tidy. Clothing will not be revealing of body.
- d. All people will be treated in a non-discriminatory manner with proper regard for their rights and dignity. In this regard, discrimination, victimization or harassment based on a person's race, color, religion, national origin, age, sex, sexual orientation, marital status, family responsibilities, pregnancy or potential pregnancy, union membership or non-membership, mental or physical disability, or any other classification protected by law will not be tolerated.
- e. Promptly report any violations of law, ethical principles, policies and this Code to the Executive Director or Board of Directors.
- f. Maintain punctuality. If an employee, volunteer, client, or member is late or cannot report for work or training, please telephone and let DAC staff know as soon as possible.
- g. Observe health and safety policies and obligations, and co-operate with all procedures and initiatives taken by the DAC in the interests of work health and safety.
- h. DAC employees, clients, volunteers, and participants must not make false or misleading declarations when involved in DAC activities or classes. A declaration can be considered to be misleading if information is omitted or presented in a manner that enables a misleading view of the situation to be formed. This including failure to comply with reporting requirements and falsifying records and other documents.
- i. Refrain from any form of conduct which may cause any reasonable person unwarranted offence or embarrassment or give rise to the reasonable suspicion or appearance of improper conduct or biased performance.
- j. Not act for an improper or ulterior purpose to the detriment (whether perceived or actual) of The DAC.
- k. Respect The DAC's ownership of all of its property including but not limited to funds, equipment, supplies, books, records, electronics, and more.
- l. Maintain during employment with The DAC and after the termination of employment, the confidentiality of any confidential information, records or other materials acquired during the employment with The DAC.
- m. Do not use inappropriate language in the workplace, including swear words or insults.
- n. Never report for work in circumstances where there is a risk that you could be affected by or 'under the influence' of illicit drugs or alcohol.
- o. Do not smoke during working hours unless it is during prescribed breaks and within designated areas.
- p. Do not attend DAC activities if you are ill and practice good hygiene such as washing hands, covering mouth when coughing or sneezing, using sanitizer, etc. to limit the spread of germs.
- q. Will not make physical, verbal, or sexual advances toward others.
- r. Will not engage in public displays of affection such as intimate kissing, embraces, cuddling, etc.

Any violation of the code of conduct will be documented and disciplinary action may be taken.

Signature

Date