

DAC Camp Can Do Registration 2021

Name _____ Birthdate _____ Parent/Guardian _____

Require personal aide/assistant Age 13 or Under Title 19/IDD Waiver Participant

If checked above, list the Adult Family Member/Aide attending camp with you _____

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-Client/Member/Volunteer

All Disability Action Center (DAC) clients, family members, 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. Complete and comply with all general intake forms, membership forms, Code of Conduct, Level of Support Policy, and all forms and policies required for participation in applicable DAC programs.
- b. Comply with all lawful and reasonable directions from DAC Staff, Executive Director, and Board of Directors.
- c. Appearance should be neat and tidy. Clothing should not be revealing of body or include controversial or obscene images or language.
- d. No sleeping/napping is permitted at the DAC. Participation in class is required. If you do not participate in classes or programs you cannot stay at the DAC.
- e. Maintain punctuality when attending/participating in DAC programs. If you are more than 10 minutes late after a program has begun you may not be allowed to participate. Please notify staff if you are unable to attend a work related program or cannot perform a volunteer assignment.
- f. Respect the DAC's ownership of its property including but not limited to funds, equipment, supplies, books, records, and electronics.
- g. Do not use inappropriate language while participating in DAC programs, in the community, or at an assigned workplace, including swear words, threats, harassment, or insults.
- h. Smoking, nicotine products, vaping, alcohol use, and drug use is not permitted on DAC property or while attending DAC programs.
- i. The DAC provides participants with computers and internet access for education and training purposes ONLY. Participants are expected to protect their personal information and identity and shall not attempt to download, access, or share unauthorized information via DAC computers or network.
- j. Do not attend DAC activities if you are ill. Always practice good hygiene such as washing hands, covering mouth when coughing or sneezing, using sanitizer, etc. to limit the spread of germs.
- k. Do not make physical, verbal, or sexual advances toward others.
- l. Do not engage in public displays of affection such as intimate kissing, embraces, cuddling, etc.
- m. Do not bully, intimidate, or demean anyone while attending programs at the DAC.
- n. The DAC has a ZERO tolerance policy for the following offenses that will require immediate removal and termination of membership: battery or assault resulting in bodily injury, sale or possession of a controlled substance, possession of a dangerous weapon.
- o. Threats of harm to self or others will result in immediate reporting to proper authorities.
- p. 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.

Any violation of the Code of Conduct will be documented and disciplinary action may be taken.

Signature

Date