

Geneskool Rules and Code of Conduct

To be read and discussed by participants and parent/guardian

We require that participants abide by the following rules and code of conduct so that the activities run smoothly and everyone has fun. The Geneskool program utilizes a biology lab, and other rooms at Capilano University. These rules also help ensure that we will be able to continue this program at Capilano University in the future.

Most importantly, participants need to respect everyone in the Geneskool program and those in the surrounding labs. For example, participants need to follow directions from the instructors and guest speakers. It is also important to be polite and courteous by treating others as you wish to be treated.

Participants are required to initial in the space provided below to show agreement with each point.

<p>No harassment. Nothing that endangers the emotional or physical well-being of an individual or the group will be tolerated. One of the main goals for Geneskool is to create a safe learning environment. If participants experience any difficulties, they should report to an instructor immediately.</p>	
<p>Participants are expected to be punctual, both in the morning and after lunch. There are many activities throughout the day, so we will start on time and not wait for stragglers. If participants have not arrived within 30 minutes of the start time, parents/guardians and/or emergency contacts will be notified.</p>	
<p>Please wear clothing appropriate for a laboratory; this includes full length pants, closed shoes (sandals and flip-flops are NOT permitted), and hair away from face. Any changes to these guidelines will be discussed democratically, in advance. You do not need to bring a lab coat.</p>	
<p>There will be supervised activities and research using the internet. Participants will restrict their computer use to appropriate sites and programs that fulfill educational objectives of Geneskool.</p>	
<p>Smoking, alcohol, and drugs are NOT permitted. If participants seem intoxicated, parents/guardians will be notified immediately. If participants are in the possession of alcohol or illegal drugs, the RCMP will be contacted in addition to the parents/guardians.</p>	

We agree that _____(Participant Full Name) will follow the Rules and Code of Conduct outlined in this document while at the Geneskool 2019 Summer Science Program. We understand that these rules are for the safety of everyone attending the Geneskool Summer Science Program. We understand that if the above-mentioned participant fails to comply with the terms and conditions of the Rules and Code of Conduct, s/he may be removed from Geneskool without monetary reimbursement.

Signature of Participant

Date:_____

Signature of Parent / Legal Guardian

Date:_____

Emergency and Medical Information Form

Participant's full name: _____

Birth date (YYYY-MM-DD): _____

Home address: _____

Contact Information

Parent/Guardian full name: _____

Daytime phone no.: _____

Alternate phone no.: _____

Alternate emergency contact #1

Full name: _____

Daytime phone no.: _____

Alternate phone no.: _____

Alternate emergency contact #2

Full name: _____

Daytime phone no.: _____

Alternate phone no.: _____

Medical Information

Participant's BC services card #: _____

Full name of family doctor: _____

Phone number of family doctor: _____

Date of last tetanus shot: _____

Please indicate below if the participant has any allergies.

Allergy	Life threatening (Y/N)

Chronic condition or illnesses of which Geneskool staff should be aware of:

- _____
- _____

Medications, times, and other treatments required:

- _____
- _____

Any medication, whether over-the-counter or prescribed, must be brought in original packaging clearly labelled with participant name and dosage instructions. Medication should be given to your child's instructor upon arrival at Capilano University for storage in the first aid kit. The instructor will supervise the taking of medication by your child according to the instructions provided, but participants must be willing and able to take their medication. Students will not be given any medication not provided by the parent or guardian except in the case of ambulance or hospital treatment where medications may be provided by paramedics or hospital staff.

Consent to Emergency Medical Treatment

I, _____ (Parent/Legal Guardian), hereby give Geneskool staff members with valid first aid certificates permission to administer first aid treatment to, or to take the above named child to the hospital if an emergency exists and immediate medical attention is required.

Signature of Parent / Legal Guardian

Date: _____

Parental Consent Form and Indemnity Agreement

Participant's full name: _____

Program name and dates: **Geneskool Summer Science Program (August 19-23, 2019)**

Please initial in the space provided below to show agreement.

<p>As the parent or guardian of the above-named Geneskool participant, I consent and assume all risks and hazards of, and incidental to, the participation of the above-named child in the activities of Geneskool and agree to indemnify and save harmless Capilano University and their officers, Board of Governors, servants, and agents nominated or appointed by or on its behalf of the said child, and arising directly or indirectly from such participation.</p>	
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Please check (✓) one of the following options.

<p>I give permission for my child, named above, to have an unsupervised lunch break. I understand that my child will be able to leave Geneskool for the lunch break without Geneskool staff. My child will be responsible for his/her actions at these times. If these actions are found to be inappropriate, I understand that my child may be removed from Geneskool without monetary reimbursement. I further understand that the privilege of leaving Geneskool at the lunch break unsupervised may be suspended at the discretion of Geneskool staff.</p>	
<p>I DO NOT give my permission for my child, named above, to leave Geneskool unsupervised during the lunch break.</p>	

Name of Parent / Legal Guardian (Print)

Date: _____

Signature of Parent / Legal Guardian

Permission to Photograph Participant

Place: **Capilano University**

Scheduled Genome BC Geneskool Summer Science Program: **August 19-23, 2019**

Participant's full name: _____

Grade: _____

Please check (✓) one of the following options for photograph permission.

The above-named Geneskool participant's photograph may be taken at the Geneskool Summer Program, and said photographs may be used for promotional and media purposes.	
The above-named Geneskool participant's photograph may not be taken at the Geneskool Summer Program.	

Name of Parent / Legal Guardian (Print)

Date: _____

Signature of Parent / Legal Guardian

Name of Participant (Print)

Date: _____

Signature of Participant