



LETTER OF AGREEMENT

Between:

_____ and *Down Syndrome Association of Simcoe County (DSASC)*

(insert name of program participant)

Welcome! The Down Syndrome Association of Simcoe County is a volunteer-driven charity, working together to increase public awareness and acceptance, while supporting and enhancing the lives of our children. Our Young Adults Day Program (YADP) is designed to provide a safe, secure, and enriching environment for participants living with Down syndrome who are aged 13 and older. As part of our program, we aim to teach and encourage responsibility and respect. This Letter of Agreement outlines the responsibilities of both the DSASC and all participants.

The DSASC will:

- A. Provide the Young Adults Day Program from 9am-4pm Tuesday, Thursday and Friday for the session in which the participant is registered.
- B. Promote a space where participants are safe and treated with respect and dignity.
- C. Respect the right to privacy of participants and keep confidential all personal information gathered in the course of providing the Young Adults Day Program.
- D. Offer a variety of activities that promote wellness and independence, such as cooking skills, meal planning, life skills such as money and time, physical activity, volunteering in the community, arts, literacy, and self-regulation.
- E. Provide updates about participants and their day to caregivers by the YADP staff.
- F. Complete an incident form to communicate with parents any safety/behavioural concerns .
- G. Communicate with participants and their caregiver(s) regarding any changes in circumstances and to discuss issues that affect our ability to safely provide support.
- H. Notify participants as soon as possible if the program is closed due to inclement weather or unplanned events, and either offer a refund or preferably a credit for the next session for the missed day. DSASC will strive to have a supply list in the event of staff absence to minimize the need for program closures.

The participants and their parents/caregivers will:

- A. Show respect to other participants and treat them as I would like to be treated.
- B. Show respect to staff and cooperate with their instructions.
- C. Communicate in an appropriate manner, refraining from using foul language or gestures, harsh words or tone of voice.
- D. Conduct myself responsibly to avoid risky (or unsafe) horseplay, unwelcome teasing or other unkind behaviours that negatively impact other participants' program experience.
- E. Use program equipment, supplies, and facilities safely and as directed.
- F. Refrain from use of electronic devices or personal items from home which are not part of my program experience.
- G. Remain with my program group at all times and not leave the program without permission.



- H. Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- I. Be fully responsible for my actions and understand that failure to fulfill these responsibilities will result in being dismissed from the program.

The parents/caregivers will:

- A. Complete required registration forms and pay invoice prior to program start. Complete and return permission forms as needed for outings. Participants will not be able to attend the program without completed forms or payment.
- B. Update YADP staff on any new medical conditions/information not listed on participant registration form prior to camp.
- C. Pick up their child promptly if the program staff notify them due to illness or safety concerns.

Additional Supports

The Young Adults Day Program is staffed at a 1:3 ratio. If it is determined by program staff that a participant is not able to participate in the program safely at this ratio and requires additional support, the parent/caregiver will be given the option of either withdrawing the participant from the program with a refund for unused days, or paying and providing for 1:1 support. Parents/caregivers accompanying participants to the program is not permitted.

Conduct Management

Minor incidents will be brought to the participant's attention and suggestions will be made on how to make better choices. Continued violations of this agreement will result in time-out and notification of the parent. The staff will document safety or behavioural concerns using the incident form. The parent/caregiver will receive a copy of this form by paper or email and need to sign or electronically acknowledge receipt of the form. The staff will seek parental support to resolve issues and to encourage positive program participation. Participants who remain disruptive or uncooperative after consultation with the parents may be dismissed from the program. It is the responsibility of the caregiver to make immediate arrangements to pick up the participant if this is deemed necessary by program staff.

Illness/Head lice

If a participant is deemed too ill/contagious to participate in the program, or if it is determined that a participant has head lice, the parent/caregiver will be asked to pick up the participant immediately. The expectation is that the participant will return only once they are well/24-hours after last symptoms/non-contagious and/or lice-free.



Cancellation and Refunds

Reimbursement or prorated compensation will not be refunded to camp participants for absences that are due to illness and/or other personal reasons. Camp registration is non refundable but transferable to another week if there is availability.

Liability Waiver

- A. The Young Adults Day Program is not responsible for any damage or loss of personal possessions while at camp or while participating in any camp activity. Campers should not bring valuables to camp.
- B. Any damages caused by their child to the property of the Young Adults Day Program or facility in use will be the financial responsibility of the parents/caregivers.
- C. The participant and parent/caregiver agree to release, waive, absolve, and agree to indemnify, and save harmless the Down Syndrome Association of Simcoe County and its Directors, Officers, Agents, and Employees, and any related company from any and all claims and/or liability for any accident, injury, loss, or sickness to my child arising from participation in any camp activities.
- D. The attendance of your child at The Young Adults Day Program and your relationship with The Down Syndrome Association of Simcoe County, its Directors, Officers, Employees, and Agents shall be governed by the laws of the Province of Ontario and you shall submit to the exclusive jurisdiction of the courts of the Province of Ontario in that regard.
- E. IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician and/or YADP staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above. Every effort will be made to contact the parent(s)/legal guardian, beforehand.
- F. If my child is a minor (under the age of eighteen years), I consent to his/her participation in The Young Adults Day Program programs and activities at Westminster Presbyterian Church - 170 Steele St, Barrie, ON.
- G. I am fully aware that during camp programming, participants will be off-site to walk to parks, beach, and other field trips of that manner.
- H. I confirm that my child is capable of participating safely in the full camp program unless I advise you in writing and the camp confirms receipt of such information. I further acknowledge that attendance and/or participation at Camp involves risk and hazards incidental thereto, all of which are assumed by me.
- I. I recognize my responsibility to ensure that my child participates only in those activities for which he/she has the required skills, qualifications, and physical conditioning. I understand that The Down Syndrome Association of Simcoe County shall have no responsibility to pay for medical treatment and related costs if said participant is injured.
- J. To the fullest extent allowed by law, I hold harmless and agree to indemnify The Down Syndrome Association of Simcoe County, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said participant may suffer or for which said participant may be liable to any other person, related to said participant's participation in activities at The Young Adults Day Program, resulting from any cause whatsoever, and regardless of fault.
- K. I have carefully read and freely signed this letter of agreement including liability waiver.



Signatures:

I have carefully read and freely signed this letter of agreement including liability waiver and agree to all the terms presented in this letter. I confirm I am a legal guardian of my child and that all legal guardians(s) are in agreement and are aware their child is attending The Young Adults Day Program. I have reviewed this letter of agreement with my child, the participant. I also agree to address any concerns about the YADP to the program supervisor in a timely fashion so that it can be addressed appropriately.

Legal Guardian/Parents Name Signature Date

I have read and/or reviewed this letter with my parent/legal guardian and agree to the terms of the Young Adults Day Program.

Participant Name (older than 18 years old) Signature Date