Kells CoderDojo Member Registration and Parental Permission Form

Parent/guardian contact details are required to be provided to meet Child Protection and Health & Safety requirements.

**This form must be filled out and returned to staff for registration.**

# Attendee Information

|  |  |
| --- | --- |
| Attendee first name |  |
| Attendee last name |  |
| Attendee age |  |

**Kells CoderDojo requires two parent/guardian contacts to be provided to authorize collection and to ensure contact can be made in case of emergencies**

# Parent/Guardian 1 Contact Information

|  |  |
| --- | --- |
| Parent/Guardian 1 first name |  |
| Parent/Guardian 1 last name |  |
| Parent/Guardian 1 contact number |  |

# Parent/Guardian 2 Contact Information

|  |  |
| --- | --- |
| Parent/Guardian 2 first name |  |
| Parent/Guardian 2 last name |  |
| Parent/Guardian 2 contact number |  |

# Permissions and organization conduct rules

Kells CoderDojo requires certain permissions in order for your child to participate in club activities. Kells CoderDojo also maintains conduct guidelines which must be adhered to by parents/guardians and attendees.

*Please read carefully each item and provide consent/acceptance where required.*

*If you require more information on the permissions, please feel free to contact any Kells CoderDojo staff member.*

## Medical

Please list any medical conditions that Kells CoderDojo staff should be aware of in the event of illness or accident.

|  |
| --- |
|  |

**I understand that if the attendee needs to take medication during the time of Kells CoderDojo sessions, it is the responsibility of their parent/guardian to ensure this happens.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Emergency

|  |  |
| --- | --- |
| Family doctor name |  |
| Family doctor address |  |
| Family doctor contact number |  |

*In the case of an emergency, Kells CoderDojo/KPRC staff will do everything reasonable to contact the parents/guardians named above.*

**In circumstances where medical treatment is required immediately and where it is not possible to contact those named on this form, I authorize any of the Kells CoderDojo/KPRC staff to refer the attendee to a medical practitioner or emergency services.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Media

On occasions where Kells CoderDojo/KPRC may be featured in the press media, local press photographers may take group photos of club members and in some instances identify the children by name. *Your child will always have the right not to stand in for a photo if they are uncomfortable or do not wish to partake.*

Yes

No

**I consent for pictures and names to appear in local or national media:**

On occasions where Kells CoderDojo/KPRC celebrate an attendee’s or group’s work/achievements, these may be appropriately displayed on the organization website or social media platform for promotional purposes. *Your child will always have the right not to stand in for a photo if they are uncomfortable or do not wish to partake*.

Yes

No

**I consent for pictures and names to appear in local or national media:**

## Internet Access

Kells CoderDojo provide attendees with access to computer technology and the internet.

**I understand that every reasonable precaution will be taken by the Kells CoderDojo to provide for online safety.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Attendee Conduct

Kells CoderDojo promises to be an inclusive space for all attendees to learn and socialise. We request that attendees:

* Do not use phones or personal devices that may compromise the privacy of other attendees.
* Do not consume food or water in or around equipment.
* Do not behave disruptively or anti-socially

**I understand in instances where attendees act contrary to the club’s conduct guidelines the attendee will be asked to refrain from acting in such behavior. If attendees continue to act in such a way, I understand that parents will be informed, and that the attendee may be asked not to return.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Drop-off and Collection

Parents/Guardians are encouraged to stay to supervise attendees at Kells CoderDojo sessions. We do allow drop-off and collection of attendees under strict rules. We require that Parents/Guardians who drop-off/collect attendees adhere to the following guidelines:

* Parents/Guardians will drop-off/collect attendees at the start and end of the session.
* Parents/Guardians will notify and authorise Kells CoderDojo staff with the name and contact details of adults collecting attendees who are **NOT** listed on this form.
* Only adults may drop-off and collect attendees
* Adults collecting attendees must inform Kells CoderDojo staff and follow whatever procedures are in place.
* Attendees are forbidden from leaving the building during the session

If Kells CoderDojo staff feel uncomfortable with the facilitation of attendees in drop-off/collection, Kells CoderDojo staff will request a parent/guardian to stay during the session/class. If the request cannot be accommodated, Kells CoderDojo staff will be within their right to refuse the attendee from partaking in the session/class and/or revoke any future drop-off/collection.

**I understand the drop-off/collection guidelines for attendees and will make every reasonable effort to adhere. I understand that by breaking these guidelines, the drop-off/collection facility may be revoked, and/or the attendee may be refused from partaking in any ongoing sessions.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_