**INDIVIDUAL REGISTRATION AND LIABILITY WAIVER FORM: CODING CLUB**

Name of Participant (First and Last) : Birth Date: Home Room Teacher and current Grade:

Primary Contact: Email:  Address: City:  Primary Phone: Alternate Phone:

Secondary Contact: Email:  Address: City:  Primary Phone: Alternate Phone:

MANDATORY MEDICAL INFORMATION (Attach additional sheet(s) if necessary). Please provide any information that would help our parent volunteers make the Coding Club a success for your child.

**REQUIRED WAIVERS:** This participant has permission (from parent or guardian if registrant is under the age of 18, or from self if participant is 18 or older) to participate in all Coding Club sessions. I understand that the Coding Club is a PTO activity, an organized during school hours (second recess), held in the Maker Space. INITIALS\_\_\_\_\_\_\_\_\_ I understand that one or more parent volunteers provide this PTO activity, and no professional school staff or teacher will be present during this time. INITIALS\_\_\_\_\_\_\_\_\_\_. In case of emergency, I hereby request and authorize any physician, hospital or health care provider to provide medical treatment promptly, whether or not I may be contacted and informed. INITIALS\_\_\_\_\_\_\_\_\_\_ I understand that the parent volunteer(s) are not able to issue any medication to my child. INITIALS\_\_\_\_\_\_\_\_\_\_ In consideration of this participant’s participation in Oak Creek Elementary PTO programs, I (the parent or guardian if participant is under the age of 18, or self if participant is 18 or older) hereby release, waive, and discharge Oak Creek Elementary PTO, and all of its members, instructors, employees, officers, directors, agents, and volunteers from any and all liability to the participant, and to all the participant’s legal representatives, assigns, heirs, and next of kin for damage and injury to the participant or to any person or property arising out of participation in the program, whether on Oak Creek Elementary premises or elsewhere. This release and waiver includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Oak Creek Elementary PTO or any of its members, instructors, employees, officers, directors, agents, and volunteers. INITIALS\_\_\_\_\_\_\_\_\_\_. I understand that my child will be subject to the Oak Creek Elementary rules regarding use of electronic equipment. INITIALS\_\_\_\_\_\_\_\_\_\_. I understand that it is up to my child to use the computer responsibly, and refrain from use of inappropriate websites. INITIALS\_\_\_\_\_\_\_\_\_\_. **OPTIONAL WAIVERS:** For coders requiring injections: Generally, Oak Creek Elementary PTO volunteers are not trained to administer injections or other medical procedures. Oak Creek PTO policy is to allow individual staff to voluntarily act under the statutes ORS 30.800 or 30.807 and administer requested injections or other medical procedures, should they individually choose to do so on a case-by-case-basis. Instructions as to requested injections or medical procedures must be provided by the physician. Oak Creek Elementary PTO cannot guarantee that it will find willing staff to act under the statutes ORS 30.800 or 30.807 or that such staff will so act in every case. INITIALS\_\_\_\_\_\_\_\_\_\_ By participating in Oak Creek Elementary PTO’s programs, I consent and authorize Oak Creek Elementary PTO to use the above named participant’s photograph for education and public relations purposes related to Oak Creek Elementary PTO. INITIALS\_\_\_\_\_\_\_\_\_\_ I give my consent for my child (under 18 years of age) and give consent for myself, as parent or guardian, to participate in surveys that will be used to evaluate program effectiveness and/or seek funding for financial aid. INITIALS\_\_\_\_\_\_\_\_\_\_

List any medications, when they are taken, and for what condition:

 List any allergies to food, insects or medications:

Describe any dietary restrictions:

Describe any behavior problems that may be disruptive to group learning:

Please check box if your child may NOT receive an age-appropriate dose of over-the-counter pain medication for minor injuries or insect bites.

Physician’s Name:

Insurance Co. /

Policy Number:

Parent/Guardian Name: Signature:

Parent/Guardian Signature:

ENROLLMENT INFORMATION

The Coding Club will use Scratch (<https://scratch.mit.edu>), a project of the Lifelong Kindergarten Group at the MIT Media Lab. It is provided free of charge. Scratch is designed especially for ages 8 to 16, but is used by people of all ages. Millions of people are creating Scratch projects in a wide variety of settings, including homes, schools, museums, libraries, and community centers.

Please ensure your child has signed up for a Scratch account (it is free of charge!) prior to coming to the Coding Club.

Please provide your child’s login name and password below so we can provide assistance with the login in process for your child.

PROGRAM PARTICIPANT NAME:

PARTICIPANT LOGIN NAME:

PARTICIPANT PASSWORD: