



clontarf
foundation

REGISTRATION FORM & ACADEMY MEMBER CONTRACT

(To be completed by student)



The Clontarf Foundation exists to improve the education, discipline, self-esteem, life skills and employment prospects of young Aboriginal and Torres Strait Islander men and by doing so equips them to participate meaningfully in society.

Surname: _____ First Name: _____

Date of Birth: _____ Year Level: _____ Mobile Phone: _____

Postal Address: _____

Street Address: _____

Parent/ Guardian Names: _____

Home Phone: _____ Mobile Phone: _____

ACADEMY CODE OF CONDUCT

- ✓ Respect for all Academy & School staff and peers
- ✓ Respect for Academy & School premises & equipment
- ✓ Attending School & participating appropriately & honestly in all class activities
- ✓ Maintaining a good behaviour record at school
- ✓ Displaying a real commitment to your timetable and school work
- ✓ Attaining agreed benchmarks for all camps/tours & activities
- ✓ Completing allocated tasks and sharing the workload
- ✓ Upholding and displaying the values of the Academy at all times
- ✓ If this contract is broken at any stage, members may be withdrawn from the Academy for a short time until they reassess and re-sign their contract

I, _____ accept the responsibility of being a member of the Academy.

Signature: _____

Date: _____

CAREGIVERS' CONSENT FORM

ACADEMY MEMBER

Academy members participate in a range of activities and events within the local area, both before, during and after school, and on week-ends.

The activities include sports matches, tournaments, clinics, community activities, leadership activities, worksite visits, and day excursions.

We require your permission/consent for the following before your son can become a member of the Academy.

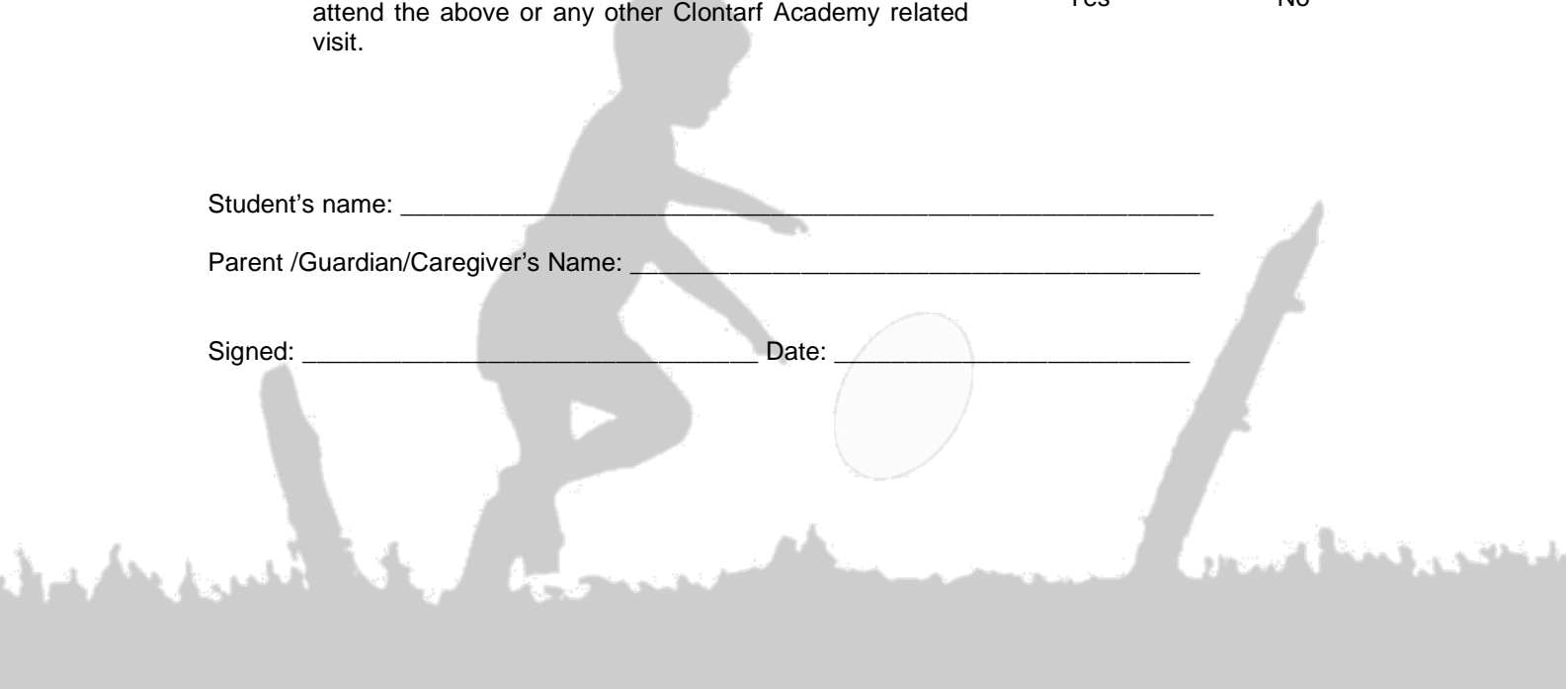
Please circle

The student identifies as being of Aboriginal, Aboriginal and Torres Strait Islander or Torres Strait Islander descent and is enrolled in the school as such.	Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander	
I give permission for my son to become a member of the Academy.	Yes	No
I give permission for my son to attend excursions, training, activities and games before, during and after school and at week-ends.	Yes	No
I give permission for my son to travel in a team bus, Academy vehicle or Academy staff private vehicle to attend the above or any other Clontarf Academy related visit.	Yes	No

Student's name: _____

Parent /Guardian/Caregiver's Name: _____

Signed: _____ Date: _____



CAREGIVERS' CONSENT FORM

PERMISSION TO PUBLISH

Members of the Academy are often photographed whilst taking part in activities that focus on the learning areas of Education, Employment, Leadership, Partners, Football and Well Being. We require your permission to take and publish these photographs.

Please note:

- Photographs are used by the Foundation to showcase the achievements of Academy members.
- Appropriate photographs are carefully selected and approved by Foundation staff prior to publication.
- Photographs will be stored and disposed of securely.
- Should you choose to change your consent or have any queries regarding photographs please speak to your Academy Director.

Please circle

I give permission for photographs of my son to be taken during Clontarf Foundation activities.

Yes

No

I give permission for my son to be identified by name in publications, newsletters, websites and social media channels.

Yes

No

I give permission for my son's photograph to be used in Clontarf approved internal publications, newsletters, websites and social media channels.

Yes

No

I give permission for my son's photograph to be used in Clontarf approved external publications, websites, newsletters and social media channels. This includes use by the Foundation's corporate and government partners.

Yes

No

Student's name: _____

Academy: _____ Date: _____

Parent /Guardian/Caregiver's Name: _____

Signed: _____ Date: _____