



# EC Kids

Everything Counts for Kids

Teaching good fitness and nutrition habits for life.

## Health Information / Emergency Contacts

### CHILD'S INFORMATION

Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

### HEALTH INFORMATION

Any Allergies to Medications, Food, Plant, Animal, Insect Toxin or anything not mentioned? Yes [ ] No [ ]

Explain ( if Yes) \_\_\_\_\_

Any Condition that may require special care, medication, Dietary Restrictions or Medical Considerations Yes [ ] No [ ]

Explain (if yes)

### PARENT/ GUARDIAN INFORMATION

Name (First & Last) \_\_\_\_\_

Relationship to Child (circle one) Mother Father Guardian Other \_\_\_\_\_ Custodial Parent? Yes or No

Phone (Circle One) Cell Home Office \_\_\_\_\_

Alternative Phone (Circle One) Cell Home Office \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

### Emergency Contacts & Authorized pick up persons:

Use this area to list the individuals we may contact in an emergency and/or you authorize to pick up your child from class..

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_



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## Consent Form

**Print** Childs, first & Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Month/Day/Year

Has permission to participate in EC Kids programs (Classes, Camps, Events) and to have his/her photos and videos taken while participating for promotional use only.

### Emergency Consent to Treat

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child \_\_\_\_\_, and prevent further injury and/or death.

I give permission to the emergency care physicians, support personnel and EC Fitness & Nutrition to do what they deem necessary in my child/child's best interests.

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing this form, I am stating that I have read and agreed to the conditions below:

### MEDICAL WAIVER

To the best of my knowledge, my child is in good health and physically able to participate in an active sports and Gymnastics program. I hereby promise to obey all Expectations, rules, regulations and codes of conduct of EC Fitness & Nutrition. I hereby release, indemnify and forever discharge EC Fitness & Nutrition from and waive as against EC Fitness & Nutrition, all resources, losses or damages which I now have or hereafter may have for, or by reason of, or in any way arising out of, any injury to my Child or property during my Child's participation with EC Fitness & Nutrition. EC Fitness & Nutrition will not be liable for any injuries received while participation in the program.

### NO CLAIM

I hereby agree that I shall make no claim and bring no action, suit or proceeding for any and all damages, Losses, liabilities or cost in any many suffered or incurred as a result of my child's participating in the Activities nor which I have registered herein.

### PHOTO AND VIDEO RELEASE

EC Fitness & Nutrition requests permission to use, copy or display your child's photograph or video recorded image to promote EC Fitness & Nutrition through advertisements on websites, television, News releases, brochures, pamphlets or others.