



Gymnastics & Sport Fitness

Consent Form

My Child, 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 _____

Print

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.

CHILD'S INFORMATION

Name (First & Last) _____

Date of Birth _____ Age _____ Grade entering into this Fall _____

optional Name of School _____

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 _____

_____ I have Received and Read EC Fitness & Nutrition Class Policies and Procedures.

Initial

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 _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Parent Copy

Class Policies and Procedures

CONTACTS

J.T. 310.993.6802
Debbie 520.307.2039
info@ecfkids.com
www.ecfkids.com

Dear Parent(s)

Welcome and thank you for choosing our EC Kids Program.

We are excited to make lasting memories with your child. Our days are always organized, educational and physically challenging with actionpacked gymnastic skill courses, team building exercises, sport drills and more. These activities are designed to encourage teamwork, build confidence and stimulate creativity. Anyone with special considerations must be assessed previously or enter on a trial period to assure that they have a safe and successful class experience. All Participants must be self sufficient in the bathroom. Every child is different and we focus on their individuality while working together in a group. We set clear "Expectations" daily with your child, because **Everything Counts for kids!**

GENERAL PARK SAFETY

We highly recommend an adult caregiver or parent be available for bathroom breaks, minor issues and emergencies throughout the full length of the class.

COVID GUIDELINES EC Kids will be following the safety guidelines recommended by the CDC, State of California and County of Los Angeles for the safety of all.

CLASS LOCATION

Locations may vary in West LA and Culver City

WATER: All Participants are responsible to bring his/her Water Bottle daily (Please put their name on it.) .

ATTENDANCE:

We are unable to refund, credit any accounts for any missed days.

NO AFTERCARE HOURS: To maintain a safe coach/child ratio, children must be picked up at the end of their class. There will be a \$1.00 a Minute Charge for any children not picked up.

REGISTRATION FORMS & PAYMENT Must be turned in before participation in any class activity. Please Contact us for availability and payment options 310.993.6802 or info@ecfkids.com

REFUNDS: No Refunds or Make up days

EC KIDS CLASSES

- NO BULLYING POLICY
- Cell phones & other electronic devices are not permitted during class time
- Sneakers are recommended for safety (flip-flops, crocs or loose fitting shoes can lead to injuries)
- For safety please have long hair pulled back

EC KIDS EXPECTATIONS

We Expect An Umbrella of Respect

Respect Coaches

Respect Equipment

Respect Each Other

Respect Yourself (Don't be so hard on yourself)

Be Safe, Have Fun, Try your Best