



# EC Kids Fall Camps / Splash Classes

Our Sport Fitness and Ninja Fall Camp is a fun and challenging environment that encourages learning , imagination and physical activity.

**All abilities Welcome**

**Ages 5 & up\***

**Location: Veterans Memorial Park (northwest corner)  
4117 Overland Ave, Culver City, 90232**

**Contact Us for availability and payment options  
310.993.6802 or [info@ecfkids.com](mailto:info@ecfkids.com)**

**\*Anyone with special considerations must be assessed previously or enter on a trial period to assure that they have a safe and successful experience. All participants must be self-sufficient in the bathroom.**

**Check which Camp Days and time your child will be attending**

**Registration Forms & payment must be turned in before participation in any activity.**

Child's Name	Age	Birthday	Grade

	Monday Sept 6 Labor Day	Thursday Sept 16 Yom Kippur	Thursday Nov 11 Veterans Day
<b>9 am - 3 pm</b> Full Camp Day Bring Lunch & water	____\$99	____\$99	____\$99
<b>9 am - 11:30</b> Splash Class One Bring Lunch & water	____\$40	____\$40	____\$40
<b>11:30 am - 1:30 pm</b> Splash Class Two Bring water	____\$40	____\$40	____\$40
<b>1:30 pm - 3 pm</b> Splash Class Three Bring water	____\$40	____\$40	____\$40



## 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, 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 INFORMATION**    Date\_\_\_\_\_

Name (First & Last)\_\_\_\_\_ Date of Birth\_\_\_\_\_ Month / Day / Year

Name of School\_\_\_\_\_ Grade entering this Fall\_\_\_\_\_ Age\_\_\_\_\_

**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 Camper (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 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 are authorized to pick up your child.

Name\_\_\_\_\_ Relationship to Camper\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Relationship to Camper\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Relationship to Camper\_\_\_\_\_ Phone\_\_\_\_\_

# Parents Copy



ecfkids.com

## **CONTACTS**

J.T. 310.993.6802

Debbie 520.307.2039

[info@ecfkids.com](mailto:info@ecfkids.com)

## **EC Kids Policies and Procedures**

### **Dear Parent(s)**

Welcome and thank you for choosing our EC Kids Program.

We are excited to make lasting memories with your child. Our classes are always organized, educational and physically challenging with actionpacked gymnastic skill course. 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 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!**

**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.

### **LOCATION Camp / Classes 2021**

Veterans Memorial Park in Culver City (North West Corner)  
4117 Overland Ave, Culver City, CA 90230

**LUNCH / SNACKS** For Camp Days everyone is responsible to bring his/her Lunch and Water Bottle daily

**TUMMY RUMBLE SNACK BREAKS:** On Camp days your Child will have an active day and if they feel hungry before lunch or Snack time, they can take a "Tummy Rumble Snack Break." It is important to us that your child has the energy to participate and has the Best Day Ever!

**ATTENDANCE:** If your child is sick we would appreciate you notifying us that they will not be attending. We are unable to refund, credit any accounts for any missed days.

**SIGN-IN & SIGN-OUT POLICY:** Children must be signed In and Out Daily. To ensure the safety of all participants only Authorized pick up persons will be allowed to Sign them Out. You must notify EC Kids if you plan on having anyone other than your child's Authorized pick up person picking up your child. Please notify us in advance if you will be checking your child out early, by text or phone call.

**NO AFTERCARE HOURS:** We offer a "Traffic Jam" Grace period of 15 minutes. However to maintain our Safe Coach/Child Ratio there will be a \$1.00 a Minute Charge for children not picked.

**REGISTRATION FORMS & PAYMENT** Must be turned in before participating in any activity. Please Contact us for availability and payment options 310.993.6802 or [info@ecfkids.com](mailto:info@ecfkids.com)

**REFUNDS:** No Refunds or Make up days

### **Things you need to know about EC Kids Activities:**

- NO BULLYING POLICY
- Cell phones & other electronic devices are not permitted during camp / class time
- For safety please have long hair pulled back

### **EC Kids Expectations**

We Expect an umbrella of respect.

Respect the coaches,equipment ,each other  
and respect yourself (don't be so hard on yourself)

Be safe, have fun and try your best!