

# Participation Consent Form



## PARTICIPANT DETAILS

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:**     /     /     **Age:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

## PARENT/GUARDIAN DETAILS

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## EMERGENCY CONTACT

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Does your child have any injuries, illnesses, physical limitations, or special needs?

If yes, please state:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this program? (Please tick)

Flyer    Social Media    Website    Friend

Other \_\_\_\_\_

Images can be used for promotional materials.

I give my permission for Vitality Health Club to use my child's image (photo or video) for online and print promotions of Youth Fitness Squad. My child will not be identified in any way.

## CONSENT AGREEMENT

As the parent/guardian I understand that the youth fitness squad includes individual physical movements and group work in the form of an instructed and guided fitness class. I declare that my child is physically able and ready to participate in the youth fitness squad. I understand that Vitality Health club will take all reasonable care to ensure that the classes are safe. However, as is the case with any physical activity, the risk of injury is always present and can not entirely be eliminated. If my child experiences any pain or discomfort, my child will listen to his/her body, adjust the activity and ask for support from the Instructor.

I also acknowledge that the supervision of my child is only during the length of the scheduled class time and my child must be collected on time at the end of the class.

I understand the class fees are for the full term and are non-refundable with change of mind, or missed classes.

**Signature:** \_\_\_\_\_ **Date:**     /     /     \_\_\_\_\_