Edith Cowan University

School of Medical and Health Sciences



ECU Children's Physical Activity Hub Move-Kids, Move-Girls or Move-Teens Program Enrolment Form

Venue: Edith Cowan University, Joondalup, **Building 22**, Children's Physical Activity Hub at ECU Sports Centre. In the first session Move-Kids, Move-Girls, and Move Teens will meet in the Group Fitness Room. Please see map of campus on page 3. Feel free to park in the car park underneath the ECU Sports Centre.

Confidentiality: Details on this form will be held securely and will only be shared with instructors or others who need this information in order to meet the specific needs of your child. You can return this form by emailing it to n.long@ecu.edu.au or bringing it to the first session.

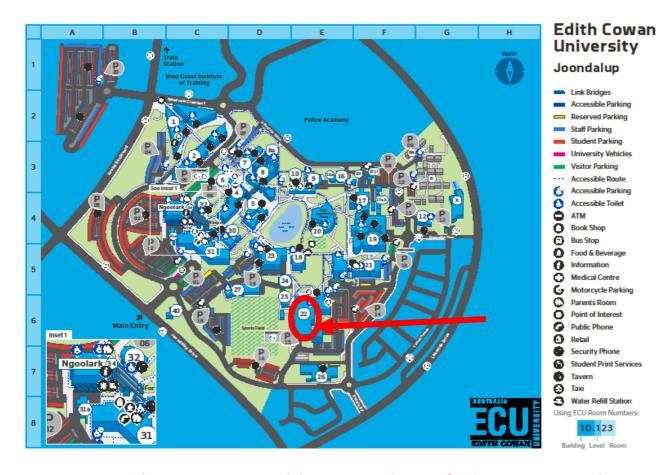
Name of child/young person:				
Address:				
Date of birth:				
Program enrolling in (i.e., Move- Kids, Move-Girls or Move-Teens)				
School attending and grade/year				
Session:	Tuesday 4pm -5pm			
Gender:	Male / Female			
Name of parent / carer:				
Mobile of parent / carer:				
Email address parent / carer:				
Emergency contact information:				
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:		
Mobile of alternative adult:				
Please confirm if there are any activities that your child cannot participate in?	Please give details:			
Please provide any relevant information on your child i.e., areas you want us to focus on (e.g., movement, strength, coordination, fitness, balance, particular skills or a particular sport)	If more space is required, please complete this section on another page or send us any useful information to assist us in working with your child.			
Please provide any information you think would be important for us to be aware of (e.g., ADHD, low muscle tone etc).				

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Medical information:					
Any specific medical condi requiring medical treatme		Yes:	Please give details:	No:	
Details of medication requ (pain/flu/inhaler):	uired				
Any specific medical condidisability?	ition or	Yes:	Please give details:	No:	
Medical History	Please provide information on any relevant medical history that may have affected your child's development or may influence their physical activity i.e., previous injuries, surgeries etc.				
Any allergies?		Yes:	Please give details:	No:	
Details of any dietary requ (vegan/vegetarian):	uirements	Yes:	Please give details:	No:	
Any other relevant information:					
Consent information: pled	ase tick the b	box below			
 I give my consent that if an emergency medical situation arises, the organisation may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made. I give my consent for photos /videos to be taken of my child as long as they are used in a respectful and appropriate manner I give permission for my child's results (data) to be used in future research undertaken by Edith Cowan University. Results will be kept securely, and data will be de-identified / anonymous. 					
Name of parent /carer					
Signature of parent /carer				Date	
Program Coordinators: Nathalie Long Phone: (08) 6304 2543 Email: n.long@ecu.edu.au					





Put ECU Sport and Fitness Centre, Joondalup in to Google Maps for directions on your phone