Everyone Can Move, Inc.

Participant Registration and Consent Form

Everyone Can Move, Inc. is a nonprofit organization that provides inclusive movement programs designed to help children build confidence, creativity, and community through dance and movement.

This form must be completed by a parent or legal guardian for all minor participants.

1. Participant Information

Child's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

How did you hear about Everyone Can Move? _____

2. Emergency Contact

Emergency Contact: _____

Relationship: _____

Phone: _____

3. Medical and Participation Information

Allergies (food, medication, environmental): _____

Medical conditions, medications, or accommodations we should know about:
_____

Are there any physical, developmental, sensory, emotional, or mental health considerations we should know about to help support your child in movement activities? _____

Physician Name: _____

Physician Phone: _____

4. Emergency Medical Authorization

If I cannot be reached in the event of illness or injury, I authorize Everyone Can Move, Inc. staff or volunteers to obtain appropriate medical care for my child.

I understand that I am responsible for any medical expenses incurred and that Everyone Can Move, Inc. does not provide medical insurance coverage for participants.

5. Photo and Video Permission

During programs, Everyone Can Move, Inc. may take photographs or videos that include participants.

These images may be used for nonprofit purposes, including social media, educational materials, fundraising, marketing, or promotional materials.

I understand that no compensation will be provided and that my child's full name will not be published with images without additional permission.

Please select one:

☐ I GIVE permission for my child to appear in photos or videos.

☐ I DO NOT GIVE permission for identifiable photos or videos of my child. I understand my child may still appear incidentally in group images where individuals are not the focus.

Permission may be withdrawn in writing at any time. Materials already published may continue to be used.

6. Participant Conduct and Safety

Everyone Can Move, Inc. is committed to providing a safe, inclusive, and respectful environment for all participants.

Participants and families are expected to treat staff, volunteers, and other participants respectfully. If a participant's behavior creates a safety concern or significantly disrupts the program, staff may pause participation or request parent assistance to maintain a safe environment.

Staff and volunteers working with participants follow program safety guidelines and appropriate conduct standards when interacting with children.

7. Parent Consent and Liability Waiver

I give permission for my child listed above to participate in programs, classes, and activities offered by Everyone Can Move, Inc.

I understand that movement-based activities involve physical exertion and may carry a risk of injury. I voluntarily assume these risks and release and hold harmless Everyone Can Move, Inc., its directors, staff, volunteers, interns, and instructors from any claims, injuries, damages, or liability arising from participation, except in cases of gross negligence or intentional misconduct.

I confirm that my child is able to participate in movement activities and that I have shared relevant medical or participation information above.

Parents or guardians are expected to remain present during the program and are responsible for supervising their child before, during, and after the session.

8. Information Privacy

Everyone Can Move, Inc. respects the privacy of participants and families. Personal and medical information collected on this form will be used only for program administration, communication, and participant safety.

Reasonable efforts will be made to store information securely and limit access to authorized staff or volunteers.

9. Parent/Guardian Agreement

By signing below, I confirm that:

• I am the parent or legal guardian of the participant listed above
• I have read and understand this registration and consent form
• I agree to the terms described in this document

Parent/Guardian Name: _____

Signature: _____

Date: _____

Program Location (if applicable): _____