



# KIDS MOVE

## For Boys & Girls 4-12 Years Old

Fun, movement and strength based program that aims to improve children's movement skills and self-confidence to ensure every child has the opportunity to participate in physical activity, exercise and sport.

Move-Kids includes targeted activities, as well as expert instruction and feedback in a fun and inclusive environment suitable for children who have challenges participating in physical activity including children with motor learning and developmental conditions (Dyspraxia, Cerebral Palsy, Autism, Down's Syndrome and ADHD).

The program is designed and supervised by Accredited Exercise Physiologists and our Exercise & Sports Science practicum students help deliver the program.

**For more information contact:**

**Nathalie Long | 08 6304 2543 | [n.long@ecu.edu.au](mailto:n.long@ecu.edu.au)**



### When

Tuesdays from 4:00pm – 5:00pm

Term 2: 23/04 – 28/05

Term 3: 23/07 – 27/08

Term 4: 15/10 – 19/11

### Location

Children's Physical Activity Hub, ECU Gym  
 270 Joondalup Dr, Joondalup WA 6027

### Cost

\$120 for 6weeks

## ECU Children’s Physical Activity Hub

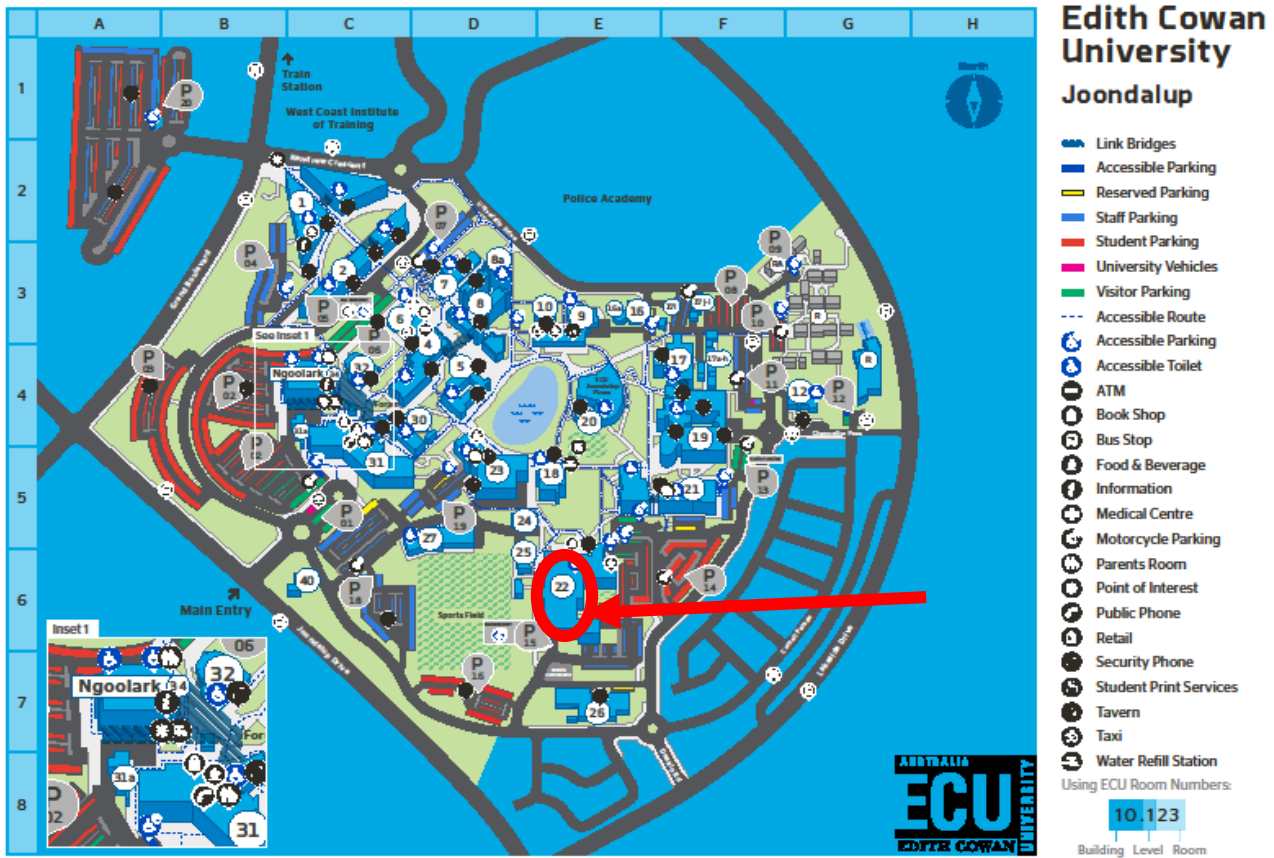
### Move-Kids, Move-Girls or Move-Teens Program Enrolment Form

**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](mailto: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:			
<b>Emergency contact information:</b>			
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).			

<b>Medical information:</b>			
Any specific medical conditions requiring medical treatment?	<b>Yes:</b>	Please give details:	<b>No:</b>
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	<b>Yes:</b>	Please give details:	<b>No:</b>
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?	<b>Yes:</b>	Please give details:	<b>No:</b>
Details of any dietary requirements (vegan/vegetarian):	<b>Yes:</b>	Please give details:	<b>No:</b>
<b>Any other relevant information:</b>			
<b>Consent information:</b> <i>please tick the box below</i>			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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.			
<b>Name of parent /carer</b>			
<b>Signature of parent /carer</b>		<b>Date</b>	
<b>Program Coordinators:</b> Nathalie Long <b>Phone:</b> (08) 6304 2543 <b>Email:</b> <a href="mailto:n.long@ecu.edu.au">n.long@ecu.edu.au</a>			



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