



Parental Consent Form for Youth Lead Fitness Classes

Dear Parent or Guardian,

Your child has expressed an interest in participating in the upcoming NSFA Youth Fitness Leader course that will be held at _____. The tentative dates are _____.

Our NSFA Youth Leaders will have 30 hours of extensive training, evaluation, and practicum to learn to teach 30-minute fitness classes to children from ages 5-17. It is our mission to help improve the physical activity levels of Nova Scotia children by providing fun, non-competitive, quality fitness classes. These classes are supervised by an adult to ensure fair play and to aid in any emergency situation.

It is our recommendation and your responsibility as a parent or guardian, to consult with your child's physician prior to participating in any physical activity program.

Please read, sign, and return the following PARENTAL CONSENT AGREEMENT.

I understand that part of the risk involved in undertaking any activity or program is relative to my child's state of fitness or health (physical, mental, or emotional) and the awareness, care and skill with which my child conducts him/herself in that activity or program.

I further understand that each child has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature. On behalf of and with my child, I assume full responsibility during and after my child's participation, for the choices to use or apply, any portion of the information or instruction we receive, and I acknowledge that I do so at my own risk.

I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience. I also accept and understand that the fitness leaders and supervisors do not offer assessment or treatment of any mental or physical disease or condition unless they are duly licensed, certified, or registered and employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity or program that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood, and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

Child Participant

Parent Signature

Date

Witness