PARENTAL CONSENT FORM

I____________________________, authorize my son / daughter,_____________________________ to attend the upcoming self esteem and personal empowerment safety education program offered by radKIDS, Inc. course offered by radKIDS at _______________________, on _______________________.

My signature below hereby acknowledges to radKIDS, Inc. and its radKIDS Instructor or Instructors:

That my son/daughter and I are aware of the physical nature and possible risks of injury incident to taking this practical course in personal safety; That he/she is physically fit to participate in this course, involving various physical techniques; and, we realize that such techniques cannot be successfully employed in every situation, and proficiency can only be achieved through continued practice, exercise of good judgment, and a person’s natural ability.

I also understand that sensitive subject matter will be discussed and is in the Parent’s Manual for my review.

My signature also releases radKIDS, Inc., and its radKIDS Instructor or Instructors, and sponsor, and agrees to hold them harmless, from any liability for injury that may be incurred as a result of this course, or use of the strategies within.

I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND THAT THERE ARE PHYSICAL SKILLS AND ACTIVITIES IN THIS PROGRAM. I SIGN IT VOLUNTARILY.

Signature__________________________ Date_________

(Parent or Legal Guardian)

Phone:__________________________ Email: ______________________

The initializing of this box also grants permission for my child’s picture to be taken for the purpose of the graduation certificate and/or general media or press release from the radKIDS program.
DEAR radKIDS PARENT:

We are looking forward to working with your child. radKIDS is a dynamic and exciting program where your child will learn about safety awareness and physical defense. In order to foster the best learning environment possible, we have developed the following sets of rules, rewards and discipline procedures. They will be followed for the duration of the program. Please go over them with your child and sign and return the attached form. If you have any questions or concerns please feel free to contact your child’s Instructor(s).

radKIDS CLASS RULES

1. Walk, don’t run.
2. Keep hands, feet and objects to yourself.
3. Use a quiet voice unless otherwise directed by instructor.
4. Raise your hand and wait to be called on.
5. Follow the directions of your instructor/teacher.
6. Be polite and respect others.
7. Ask questions.
8. Do not use equipment without permission.
9. No competing or practicing with classmates.
11. No horseplay.
12. When you see the closed fingers raised it is a signal for you to be quiet.
RadKIDS REWARDS
Rewards for appropriate behavior will be given at the end of each class.
Some possible rewards are Stickers, Certificates, and/or Grab bag treats.

RadKIDS DISCIPLINE
Below are the steps that will be taken if a child chooses not to follow a rule:
1st Offense: Child will receive a warning and his/her name will be written on
the board or flip chart.

2nd Offense: Child will be given a time out and a check mark will be placed
next to his/her name.

3rd Offense: Child will be given one more time out and a second check mark
will be placed next to his/her name.

4th Offense: Child will not be allowed to further participate in that day’s class
and parent will be contacted.

For severe disruptions such as fighting or hitting* the child’s parents will be
contacted and the child will not be allowed to continue participating in that
day’s class.

*Please explain to your child that there will be a time when he/she is asked
to hit padded targets and at those times hitting is OK.

Please sign and return.

I have reviewed the radKIDS Rules, Rewards and Discipline Procedures

With ____________________________________________________________.

(Child’s name)

Signature ______________________________________________________

(Parent or Legal Guardian)

Date __________________________

radKIDS® Instructor Manual/Section 5
radKIDS
WELLNESS INFORMATION FORM

Full Name: ____________________________________________
Address:  _____________________________________________
City:______________________ State:______ Zip: _____________
Day Phone: ______________ Height:________ Weight: __________
Gender:_________ Age: ________ Date of Birth: ________________

In case of Emergency please contact:
  Name: ______________________________________________
  Phone: ____________________________________________
  Relationship: _______________________________________

Confidential Medical History

1. Date of most recent medical examination _____________________
2. Do you feel fine, without restriction?  Yes_________  No _________
   If no, please describe: ____________________________________
   ______________________________________________________

3. Have you ever been hospitalized or treated for an injury?
   Yes ______________ No ______________
   If yes, please describe: ______________________________________________________________________

4. Have you ever been injured and not received medical attention?
   Yes ______________ No ______________
   If yes, please describe: ______________________________________________________________________

5. Do you have any current medical conditions for which you are currently being treated?  Yes ______________ No ______________
   If yes, please describe: ______________________________________________________________________

6. Are you currently using any prescription drugs?
   Yes ______________ No ______________
   If yes, please describe: ______________________________________________________________________
7. Do you have:       
    Any known allergies Yes _____ No _____
    Difficulty breathing Yes _____ No _____
    High blood pressure Yes _____ No _____
    Diabetes Yes _____ No ______

If yes, please describe: ____________________________________
____________________________________________________

8. How frequently do you exercise? _________________________
What type of exercise? ____________________________________
____________________________________________________

9. Are you or have you ever been involved in self-defense or Martial Arts
    Training? Yes ____________ No ____________
If yes, please describe: ____________________________________
____________________________________________________

10. Please describe your perception of your current fitness level:
    _________________________________________________
        _______________________________________________

The above information is complete, true and accurate to the best of my
knowledge.

_______________________________
Signature

________________________________
Instructors Check