

radKIDS PARENTAL CONSENT FORM

I _____, authorize my son / daughter,
_____ to attend the upcoming self es-
teem and personal empowerment safety education program offered by rad-
KIDS, Inc. 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 in taking this practical
course in personal safety; That he/she is physically fit to partic-
ipate in this course, involving various physical techniques; and,
we realize that such techniques cannot be successfully em-
ployed 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 In-
structors, 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 strate-
gies within.

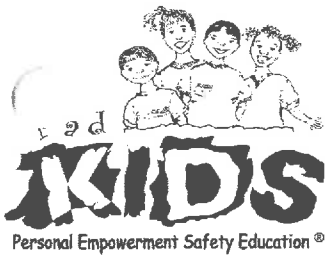
I HAVE READ THE ABOVE WAIVER AND RELEASE. I UNDERSTAND
THAT THERE ARE PHYSICAL SKILLS AND ACTIVITIES IN THIS PRO-
GRAM. I SIGN IT VOLUNTARILY.

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.

radKIDS®
9 New Venture Drive
Unit #4
Dennis, MA 02660
(508) 760-2080
www.radkids.org
radkids@radkids.org



DEAR radKIDS PARENT:

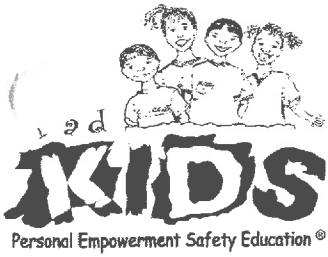
We are looking forward to working with your child. radKIDS is a dynamic and exciting program where your child will learn about safety awareness and physical defense. In order to foster the best learning environment possible, we have developed the following sets of rules, rewards and discipline procedures. 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.
10. Report any injuries right away.
11. No horseplay.
12. When you see the closed fingers raised it is a signal for you to be quiet.

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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.*

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Please sign and return.



I have reviewed the radKIDS Rules, Rewards and Discipline Procedures

With _____
(Child's name)

Signature _____
(Parent or Legal Guardian)

Date _____

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radKIDS
WELLNESS INFORMATION FORM

Child's Full Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Height: _____ Weight: _____ Gender: _____ Age: _____
Date of Birth: _____

In case of emergency please contact:

Name: _____
Phone: _____
Relationship: _____

Confidential Medical History

1. Date of child's most recent medical examination _____
2. Does he/she feel fine, without restriction? Yes _____ No _____
If no, please describe: _____

3. Has he/she ever been hospitalized or treated for an injury?
Yes _____ No _____
If yes, please describe: _____

4. Has he/she ever been injured and not received medical attention?
Yes _____ No _____
If yes, please describe: _____

5. Does he/she have any current medical conditions which are currently
being treated? Yes _____ No _____
If yes, please describe: _____

6. Is he/she currently using any prescription drugs?
Yes _____ No _____
If yes, please describe: _____

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7. Does he/she 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 does he/she exercise? _____

What type of exercise? _____

9. Has he/she ever been involved in self-defense or Martial Arts Training?

Yes _____ No _____

If yes, please describe: _____

10. Please describe your perception of his/her current fitness level:

Parents/Guardian Phone: _____

Email: _____

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

Signature of Parent/Guardian

Instructor's check



RELEASE AND WAIVER

In consideration of the permission granted me by the City of Coral Springs, by and through its Police Department to participate in a Self Defense Training program, I, _____ (participant) hereby agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its employees, agents and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, gross negligence, otherwise of the releases. In addition, I agree to identify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with the Self Defense Training Program presented by the Coral Springs Police Department. I understand and acknowledge that this program is not job related or part of my job duties and is voluntary.

I certify and warrant that I am in good physical condition and able to participate in the above activity or event.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 20____.

By: _____
(Name)

By: _____
(Printed Name of Signator)

I asked the Signator if he/she understood what is being signed.

Witness