



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. 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 par-
ticipate 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, UNDERSTAND
THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT
VOLUNTARILY.

Signature _____ Date _____
(Parent or Legal Guardian)

Telephone # _____



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



CITY OF PORT ST. LUCIE
POLICE DEPARTMENT



121 S.W. Port St. Lucie Blvd. • Port St. Lucie, Florida 34984

John M. Skinner
Chief of Police

(772) 871-5000
871-5251 (FAX)

The radKids Program is being offered to you as a community service
by the Port St. Lucie Police Department.

WAIVER AND RELEASE: READ CAREFULLY BEFORE SIGNING

In consideration for the acceptance of this program, I hereby expressly and affirmatively state that I or my child named herein, wish to participate in the above stated activity. I realize that participation in this activity involves risk and injury including but not limited to loss of future earning capacity, loss of or damage to personal property, various degrees in severity of bodily (physical) injury and even the possibility of death. I also recognize that there are many other risks of injury including serious and disabling injuries which may arise due to my participation, or my child's participation in this activity and that it is not possible to specifically list each and every individual injury risk. I understand that these risks of injury could arise out of negligent maintenance and/or negligent supervision on the part of the City of Port St. Lucie, their employees, agents and representatives in the operation of the city facility or program.

However, knowing the material risk and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby, on my behalf and on behalf of my child, expressly assume all the delineated risks of injury, all other possible risks of injury and even death which could occur or by reason of my participation or my child's participation and for myself, my personal representatives, executors, administrators, heirs, next of kin, successors and assigns, do hereby release, remise, and forever discharges the City of Port St. Lucie, their agents, employees, representatives, successors and assigns of all liabilities, claims, actions, causes of action, suits, damages, costs, or expenses whatsoever, in law or in equity, which I may have or my child may have against them.

I further understand in signing this form that I am waiving and releasing any and all claims as a result of any negligence, acts, omissions, action or inaction on the part of the City of Port St. Lucie or any of its agents, employees and representatives. I represent and certify that I am giving up my legal rights to sue and recover on my behalf or on behalf of my child and that this Release will be binding upon my heirs and all others to any right to recover for me or my child.

I have had the opportunity to ask questions. Any questions, which I have asked, have been answered to my complete satisfaction. I subjectively understand the risks of my participation or my child's participation in this activity and knowingly and appreciating these risks, I voluntarily chose to participate or allow my child to participate assuming all risks of injury or even death due to my participation or my child's participation.

I have personal insurance... Yes - No - (please circle one) -

Participant/Parent/Guardian Signature _____ Date _____



DEAR radKIDS PARENT:

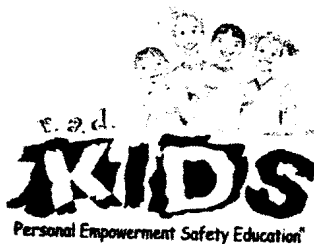
We are looking forward to working with your child. radKIDS is a dynamic and exciting program where your child will learn about safety awareness and physical defense. In order to foster the best learning environment possible, we have developed the following sets of rules, rewards and discipline procedures. 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® 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: _____

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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

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