



radKIDS
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 Marshall Simonds Middle School, on July 21-25 or July 28-August 1.

Please circle Week 1 or Week 2

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 initialing 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.

Size of T-Shirt that will be provided for Simulation (S-XXL) _____



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:

*Please understand that filling out this registration form does not guarantee your spot in the program. You will receive follow up emails once your child(ren) are approved or waitlisted.

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

Signature

Instructors Check

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