



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. 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
S. Dennis, MA 02660
(508) 760-2080
www.radkids.org
radkids@radkids.org



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

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