



Mandatory

**Parents need to fill out
Consent / Health forms and return**

PRIOR to 1st Class

radKIDS®

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RadKIDS PARENTAL CONSENT FORM

I _____, authorize my son / daughter _____
to attend the upcoming self esteem 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 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.

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: _____

Relationship: _____

Phone: _____

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: _____

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.....X _____

7. Do you have: Any known allergies	Yes _____	No _____
Difficulty breathing	Yes _____	No _____
High blood pressure	Yes _____	No _____
Diabetes	Yes _____	No _____