



## Registration Form

These radKIDS classes are for K, 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> graders ONLY.

Student: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_

This is an after school program. The class will on Mondays for 8 weeks. The cost is \$10. Class will start Monday, January 27<sup>th</sup>. The last day of class will be Monday, March 31<sup>st</sup>. Choose one:

Early Birds

Later Gators

Mondays 1:15-2:15

Mondays 2:30-3:30

**Space is limited, so turn in all forms and money (\$10) into the office ASAP.**

**Forms due Wednesday, January 22<sup>nd</sup>.** Write checks to Segoe Lily PTA.

Forms needed: *Registration, Parental Consent, Wellness Information, Rules/Discipline.*

To ensure your child will be sent home safely, please choose one:

My child will get a ride home. Driver: \_\_\_\_\_

My child will walk home with a buddy. Buddy: \_\_\_\_\_

**We need volunteers to make this program possible. The \$10 fee will be waived if you volunteer in your child's radKIDS class.**

Yes, I would love to volunteer in my child's radKIDS class!

Parent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

\*Turning in forms and money does not guarantee your child a spot in the class. Spots are first come, first serve (with all forms and \$). The number of children in class depends on volunteers. We will contact you to let you know if your child is in the class or not. Money will be refunded if your child isn't in the class.



**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 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.

*\* This Box must be initialed for your child to participate.  
You may cross off "media or press release" and initial by it if  
you don't want your child in any media. Thank you.  
radKIDS® Instructor Manual/Section 5*

radKIDS®  
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Unit #4  
S. Dennis, MA 02660  
(508) 760-2080  
[www.radkids.org](http://www.radkids.org)  
[radkids@radkids.org](mailto:radkids@radkids.org)



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

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## 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:

1<sup>st</sup> Offense: Child will receive a warning and his/her name will be written on the board or flip chart.

2<sup>nd</sup> Offense: Child will be given a time out and a check mark will be placed next to his/her name.

3<sup>rd</sup> Offense: Child will be given one more time out and a second check mark will be placed next to his/her name.

4<sup>th</sup> 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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