



# radKIDS PARENTAL CONSENT FORM

I \_\_\_\_\_, authorize my son / daughter, \_\_\_\_\_ to attend the upcoming radKIDS Personal Empowerment Safety Education program offered by radKIDS, Inc certified instructors 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 self-defense and 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.

*COVID Awareness: We have taken enhanced health and safety measures for you, and all other students and participants in this activity based training environment. In the current times of the day we are aware that the Centers of Disease Control and Prevention has advised us that they believe there is an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers of Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. By participating in this training program you voluntarily assume all risks related to exposure to COVID-19. Let's keep each other healthy and safe.*

My signature also releases radKIDS Inc and their certified instructors including the class sponsor and agrees to hold harmless, from any liability for injury that may be incurred as a result of this course, or use of strategies within.

I have read the above waiver and release and I understand that there are physical activities and skills in this program and I sign it voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

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



The initializing of this box grants permission for my childs picture to be taken for their graduation certificate\_\_\_ and also grants permission for

- (2)General media or press release from the radKIDS program\_\_\_
- (3)For Phase II Simulation training if included \_\_\_\_\_

radKIDS®  
9410 Harvest Acres Court  
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(844)723-5437  
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radKIDS Student  
**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. Has your child or anyone in your child's household been Confirmed as COVID Positive or with COVID Antibodies? Yes or No

3. Does your child feel fine, without restriction? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please describe: \_\_\_\_\_

4. Has your child ever been hospitalized or treated for an injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

4. Has your child ever been injured and not received medical attention?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

5. Do you child have any current medical conditions for which you are currently being treated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

6. Is your child currently using any prescription medications?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe and share if you feel they will have any effect on their safe participation?: \_\_\_\_\_

Does your child need any special medical support in the class? If so 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 does your child exercise? \_\_\_\_\_

What type of exercise? \_\_\_\_\_

9. Is your child now or have they ever been involved in self-defense or Martial Arts Training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

10. Please describe your perception of your child's current fitness level:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Instructors Check

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