



## PSL Police Athletic League, Inc.

2101 SE Tiffany Ave.

Port St. Lucie, FL 34952

772-398-9436

# \*RAD KIDS Program\*

## Resist Aggression Defensively

Personal empowerment safety education to children on how to avoid or what to do with a possible abductor and many other safety hazards

Boys & Girls (ages 5 to 12)

Ages 5 to 7 -- 9 am to 11 am

Ages 8 to 12 -- 1 pm to 3 pm



Session #1 - June 27 to July 1 (2016)

Session #2 - July 25 to July 29 (2016) (full)

Session #3 - Aug. 1 to Aug. 5 (2016)



Sessions Start on Time



PAL Gym. - 2101 SE Tiffany Ave. PSL, FL 34952

**Cost: \$20.00 per youth for each age session**  
**\$10.00 for each sibling**

Pre-Registration Required, please call Officer Rich Wilson  
or Dave Hentz at (772) 398-9436



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## Port St. Lucie Police Athletic/Activities League, Inc.

2101 S.E. Tiffany Avenue • Port St. Lucie, Florida 34952  
(772) 398-9436 • Fax (772) 398-2773

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Dear Parents,

Welcome to the radKIDS Program and congratulations for taking a pro-active step toward your child's safety. This interactive class will be rewarding for the children by giving them the **knowledge, self-esteem and empowerment** to overcome dangerous obstacles in their life. As parents, we would like to protect our child every day, however this is not always possible. The radKIDS Program empowers children with knowledge and abilities to help them maintain their safety.

They will learn **defensive strategies** to help them **recognize, avoid** and if necessary how to **escape from dangerous persons and situations**. They will be taught the tricks and lures that are most commonly used by dangerous people as well as how to look for escape routes, safety zones and places to get help. They will be shown how to dial and use 911 should they or you need help or are in danger. Some other topics covered will be three different types of touches; good, bad and uncomfortable and what to do about them, fire safety, out and about safety, home safety, family passwords, internet safety and much more.

Parents are encouraged to stay and watch the classes and may occasionally be asked to participate in various drills. The typical class format is 5 consecutive 2 hour classes for each of the two different age groups, 5-7 year old and 8-12 year olds. These two age groups are instructed in separate classes at different times usually on the same days. If you are unable to stay during the classes we understand but please join us during the last day for **simulations and graduations**. Children may repeat the radKIDS Program after initial graduation up through their 13<sup>th</sup> birthday. Each family will receive a **Family Safety Manual** during the course to use as a reference during and after the class. This manual will be signed by one of the radKIDS instructors at the completion of the initial course and this signature will allow your child to repeat the course in the future without charge. Graduates are not required to pay tuition.

radKids training is fast paced and a source of powerful information. With that in mind the following requirements are essential in order to ensure that your child receives the maximum benefits from this excellent program:

- Make sure your child eats prior to class. He/she can bring water or juice in a spill proof cup and a small snack.

*"Filling Parks, Not Prisons"*

- Children should be dressed in clothes suitable for physical activity ( t-shirts, sweats or shorts, long pants) Please no skirts or dresses.
- Shoes must have closed toes, sneaker/tennis shoes preferred. No sandals or flip-flop type shoes.
- Please make sure that if your child has any cuts, scrapes or open type wound bandaged prior to class starting. This is for our safety and theirs. Also please advise us of any injuries your child may have so that we may decide how to proceed.
- Our attendance policy requires that children cannot miss more than one day of instruction and still graduate the program. This is due to the fast paced nature of the program and the volume of information covered each day. On the final day, the training ends with **simulation and graduation. Attendance is required on this day to graduate.**

The tuition charge paid to attend this course covers the on-going costs of instructing the program such as instruction materials, equipment and props and photo-copying handouts and materials. We have a **“No Refund Policy”**. However, if your child is unable to complete the entire program due to an emergency or an unforeseen schedule conflict, we will apply credit to a future class and reserve a space for him or her.

We look forward to helping your child learn about safety!

Sincerely,



Officer Richard E. Wilson  
radKIDS Instructor  
Executive Director, PAL



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.

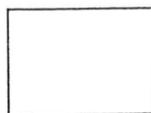
I also understand that sensitive subject matter will be discussed  
and is in the Parent's Manual for my review.

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](http://www.radkids.org)  
[radkids@radkids.org](mailto:radkids@radkids.org)



## 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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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: \_\_\_\_\_

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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 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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