

radKIDS Program

Resist Aggression Defensively



Boys & Girls

- **Ages 5 to 7:** 9 a.m. to 11 a.m.
- **Ages 8 to 12:** 1 p.m. to 3 p.m.
- **Session 1:** June 24 to June 28, 2024
- **Session 2:** July 8 to July 12, 2024
- **Session 3:** July 29 to August 2, 2024

Cost

\$20 per youth for each age session.
Preregistration is required.
Only 20 slots per age session.

Location

PSL Police Athletic League Gym
2101 SE Tiffany Ave
Port St. Lucie, FL 34952

Taught by Certified radKIDS Instructors

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

Find us on 

@PSL.PoliceAthleticLeague

CONTACT THE PSL POLICE ATHLETIC LEAGUE
David Hentz or Officer Jerry DeJean: 772-398-9436
www.CityofPSL.com/PAL



Port St. Lucie Police Athletic League, Inc

2101 Tiffany Avenue, Port St. Lucie, FL 34952

(772) 398-9436

www.cityofpsl.com - PAL



MEMBERSHIP APPLICATION and Waiver

Date:	_____
Paid:	Y or N
	Cash OR Check
Check:	_____
Initials:	_____

The Port St. Lucie Police Athletic League, Inc is a not-for-profit corporation dependent upon grant funding, donations and other types of fundraising in order to provide children's athletic programming. We are therefore obligated to ask certain questions regarding participant's race, ethnicity and income. It is critical for future funding that the application is filled out in its entirety. Thank you for cooperation.

Program(s): _____

Participant's Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Sex: M or F _____ Date of Birth: _____ Age: _____ School: _____ Grade: _____

Other organization/teams participant belongs to: _____

Race/Ethnicity:

African American _____

Caucasian _____

Asian Pacific _____

Haitian American _____

Hispanic _____

Other _____

Child lives with: Both Parents: _____ Mother/Stepfather: _____ Father/Stepmother: _____

Mother only: _____ Father only: _____ Grandparents: _____ Other: _____

Total number in household: _____ # Brothers: _____ # Sisters: _____

Required Medical Information:
Participant's Doctor or Clinic: _____ Telephone: _____
Please list any allergies, physical limitations, or medications taken:

Parent or Guardian's Name: _____ Relationship: _____

Place of Employment: _____ Business Phone: _____

Address if different from participant: _____

Other Emergency Contact Person: _____

Relationship: _____ Cell Phone: _____

Demographic Information:

Total House income: Under \$25,000 _____ \$25,000-\$50,000 _____ over \$50,000 _____

Own home: _____ Rent: _____ Does applicant receive free or reduced school lunch? _____

Additional information may be required depending upon the type of program you are participating in and the corresponding funding source. Please note that PAL reserves the right to change schedules depending on needs.

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WAIVER EXPRESS ASSUMPTION OF RISK FOR PARTICIPANT

Participant's Name: _____ Activity: _____

Address: _____ Phone: _____

I hereby expressly and affirmatively state that I and/or child named herein wish to participate in above stated activity. I and/or named child realize that participation in this activity involves risks of injury, including but not limited to loss of future earning capacity, loss of or damage to personal property, various degrees and severity of bodily (physical) injury and even the possibility of death. I and/or named child also recognize that there are many other risks of injury including serious and disabling injuries which may arise due to participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risk and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, we hereby expressly assume all of the delineated risk of injury, all other possible risk of injury and even death which could occur by reason of my and/or child's participation in the activity and release the Port St. Lucie Police Athletic League, the City of Port St. Lucie and all of its departments, agents, and employees there from. I have had an opportunity to ask questions. Any questions which I have asked have been answered to my complete satisfaction. I subjectively understand the risk of participation in this activity and knowing and appreciating these risks, I voluntarily choose to participate and/or allow named child to participate, assuming all risks of injury or even death to my and/or named child's participation in this activity. An opportunity for questions was provided and the undersigned indicated complete understanding of the risks.

Parent/Guardian

Signature: _____ Relationship: _____ Date: _____

I/we have personal insurance (circle one) YES NO _____ Company Name: _____

Policy Number: _____

PLEASE INITIAL THAT YOU UNDERSTAND AFTER EACH STATEMENT

There will be no refunds of any kind at any time _____

There is no supervision before or after the hours of operation. We are confident that you will not drop you child off early or pick them up late _____

I understand that my child's membership can be suspended or revoked should their behavior warrant such action _____

I understand that I am responsible for payment of any damages my child may incur. Membership can be suspended until payment is made _____

We are not responsible for any personal items that are lost or stolen if brought to our facility/program _____

I release the right to all photogenic material that the PAL might use or promotional activities without obligation to me or my child _____

I grant the Port St. Lucie Police Athletic League permission to authorize & obtain medical treatment in case of illness or injury when neither parent, guardian is available for emergency treatment _____



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
Raleigh, NC 27617
(844)723-5437
www.radkids.org
Email:
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:

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

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

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

4th 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. ✂

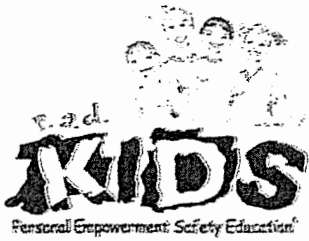
I have reviewed the radKIDS Rules, Rewards and Discipline Procedures

With _____
(Child's name)

Signature _____
(Parent or Legal Guardian)

Date _____

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radKIDS 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



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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