



# Burlington Police Department

45 Center Street  
Burlington, MA 01803  
Phone (781) 270-1914  
Fax (781) 270-1920  
www.bpd.org



Michael R. Kent  
Chief of Police

Dear Parent,

On behalf of the Burlington D.A.R.E. Program and Burlington Police Department we are happy to offer you and your child the chance to experience radKIDS. We are excited at this opportunity to offer personal empowerment to the youth of Burlington as a way of keeping them safe from harm.

The radKIDS Program is providing children with hope, options, and practical skills to RECOGNIZE, AVOID, and, if necessary, ESCAPE violence and abuse.

This advanced curriculum, based on accelerated learning theories, provides realistic safety plans and options enabling children to escape dangerous situations. Unlike many programs that show videos or tell children what to do, radKIDS actually shares plans and strategies, while practicing realistic physical skills to escape violence.

Through radKIDS training, children become empowered, learning to replace the fear, confusion, and panic of dangerous situations with confidence, personal safety skills and self-esteem. Through this hands-on educational program the lives of children are being saved.

Please fill out the forms provided and return them as soon as possible. Included are a Parental Consent Form, a Rules Form and a Wellness Information Form. These are extremely important you fill these out completely and truthfully. **They may be dropped off at the police station to the attention of Officer Sheppard.**

Bear in mind that space is limited. On the registration form, please indicate which week your child will be able to attend. Each child must attend all 5 days in order to be eligible to take part in this course. If they are available both weeks, please put your preferred week first. The weeks offered are July 8-12 and July 15-19. The hours are 9AM to 12PM.

Upon acceptance, parents will be provided a manual to help them interact with their child each day with what they have learned and done.

Parents are encouraged to attend these classes with their children in order to assist the instructors and help their child in learning these important skills. If a parent can only attend on certain days we'd love to have them any time that they're available. Thank you and, again, welcome!

*Officer Keith Sheppard*

D.A.R.E., G.R.E.A.T., radKids, RAD, LEAD



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.

T-Shirt size (Adult male S through XXL) \_\_\_\_\_

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)



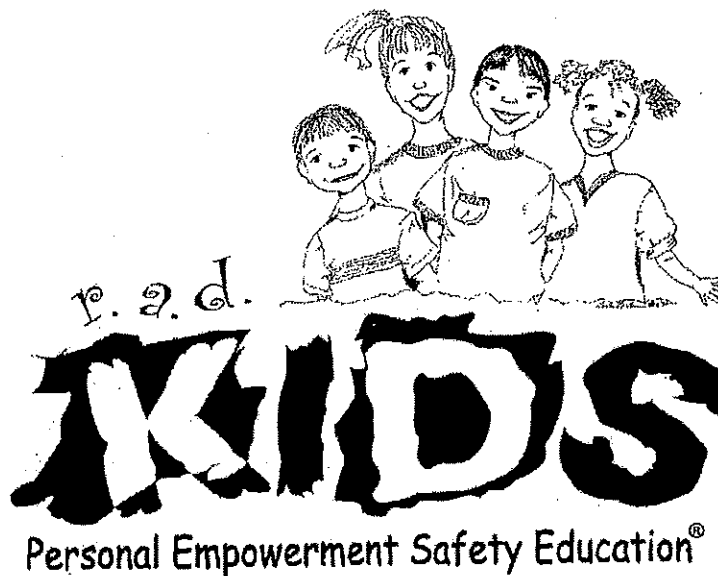
## DEAR radKIDS PARENT:

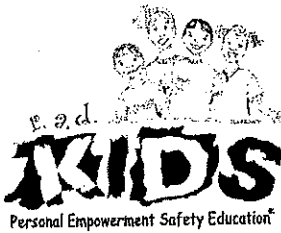
We are looking forward to working with your child. radKIDS is a dynamic and exciting program where your child will learn about safety awareness and physical defense. In order to foster the best learning environment possible, we have developed the following sets of rules, rewards and discipline procedures. 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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[www.radkids.org](http://www.radkids.org)  
[radkids@radkids.org](mailto:radkids@radkids.org)





**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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