

WAKEFIELD SCHOOL

Martial Arts Therapy Program

Permission Note



2/2/2026

Dear Parent/Caregiver

Your child has the opportunity to participate in the **MAT (Martial Arts Therapy) Life Skills Program** delivered onsite at Wakefield School. This program will run **Mondays** throughout **Term 1 and Fridays in Term 4** and engages students in therapeutic martial arts-based drills, games, and activities designed to build **self-regulation, resilience, social skills, confidence, and wellbeing**.

The program is **non-contact** and does not involve sparring or competitive fighting. Instead, it uses structured activities, stories, and metaphors to help students strengthen both physical and emotional skills in a safe, supportive environment.

Program staff may take photos or videos for educational, informative, and promotional purposes. We respect that some parents/caregivers may prefer their child not be photographed or filmed. Please indicate your preference:

Consent for Photos & Videos

I consent to **photos and videos** of my child being taken during the functional movement training. These may be used for:

- Social media platforms (Facebook etc.)
- Promotional material (flyers, posters, website, newsletters)
- MAT/TESSA promotional materials (flyers, posters, digital media)

Yes, I give consent

No, I do not give consent

If you would like your child to participate in this program please complete, sign and return the permission slip asap.

Regards

Julian Benedetti
Assistant Principal (Rel)

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Parent/carer permission sign off

I give permission for my child _____ to participate in the **MAT Life Skills Program** at Wakefield School. I understand that for my child to participate in this program: -

- I understand that while the program involves physical movement, it is non-contact and designed to be safe and inclusive.
- I accept that participation, like any physical activity, carries some risk of injury. Program staff will take all reasonable precautions to ensure safety.
- I confirm that my child is physically able to participate, and I will inform program staff of any relevant medical conditions.
- I have read and understood the information provided and consent to my child's participation.

I have read and understood the information above. I agree to my child's participation under these conditions.

Parent/Carer's name: _____

Parent/Carer's signature: _____

Date: _____