WAKEFIELD SCHOOL

Ringside Youth Foundation Program Permission Note

2/2/2026

Dear Parent/Caregiver

Your child will have an opportunity to participate in the **Ringside Youth Foundation Program**. This program will run for 8 weeks with students being involved in fitness, functional movement and bullying prevention and intervention programs. The objective of the program is to give our students the skills and confidence to be the best they can be physically, mentally and emotionally with the aim to increase personal safety, wellbeing and mental health.

The program staff will be taking photographs and creating videos for educational, informative and promotion purposes. We understand that some parents/caregivers may request that their children are not filmed or photographed. Please indicate your preference below.

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, Instagram, TikTok, etc.)
- Promotional material (flyers, posters, website, newsletters)
- Publicity for Ringside Youth Program

☐ **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

Guy Walters
Assistant Principal (Rel)

WAKEFIELD SCHOOL

Ringside Youth Foundation Program
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Parent/carer permission sign off

I give permission for my child _____ to participate in the Ringside Youth Program. I understand that for my child to participate in this program: -

- I understand that boxing, like any physical activity, carries risks of injury. The program staff will take reasonable precautions to ensure safety, but I accept that participation is at my child's own risk.
- 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 above. I agree to my child's participation under these conditions.

Parent/Carer's name: _____

Parent/Carer's signature: _____

Date: _____

Ringside Youth Foundation - FOUNDATION for LIFE Personal Safety, Wellbeing & Mental Health Student Contract:

During the 8 weeks, staff will be implementing programs and activities with students in the area of fitness, self defense, bullying prevention and intervention. We will be constructing videos and/or taking photographs to be used for educational, informative and promotion purposes. We understand that some parents may request that we do not include their child(ren). Please fill out the form below to inform us of your wishes regarding your child's participation. (Please print. Use a separate for each child)

STUDENTS NAME _____

GRADE _____

PARENT/GUARDIAN NAME _____

Some activities in this facility are combative and are highly likely to cause injury. Although Ringside Youth Foundation will take all necessary care to avoid injury, all participates must be aware that they enter these premises and participate in activities at their own risk.

By entering our facility/premises and participating in activities you acknowledge understand and warrant that you assume all risk of injury and loss to your person and property, and you will indemnify and hold our facility/premises from any such loss. You further warrant that you are in fit and proper health and condition to participate in your chosen activities. Ringside Youth Foundation, its coaches, facilitators, instructors, agents or employees will not be held liable for any personal injury or loss of property.

If you are unwilling to accept all of the above conditions, we kindly request you do not enter these premises.

PLEASE CHECK THE ITEM/S THAT INDICATE YOUR PREFERENCE

- ☐ I give permission for my child to participate in the Ringside Youth Foundation, FOUNDATION for LIFE - Personal Safety, Wellbeing & Mental Health Program
- ☐ I give permission for my child to be filmed or photographed for the use in publication via website or other technological publications, newspapers, video, magazines or television.
- ☐ I request that you do not film my child.
- ☐ I request that you do not photograph my child.
- ☐ I give permission for photos or video but withhold my child's name.

PARENT/GUARDIAN SIGNATURE _____ DATE _____