

SMART Moves Parent/Guardian Consent Form

(Your name)

(Club name)

(Street address)

(City, State ZIP)

The _____ will soon be implementing sessions of the SMART Moves program, and we would like your permission for your child to participate. This program is has three parts, described below:

(Insert your Club's name here)

- SMART Moves: Emotional Wellness – Builds the abilities of youth to identify their emotions and self-regulate when they're feeling strong emotions by using coping strategies such a meditation, deep breathing and positive self-talk.
- SMART Moves: Core – Builds the abilities of youth to communicate effectively, make healthy decisions and refuse to engage in unhealthy behaviors.
- SMART Moves Modules – The content in the various modules will dive specifically into knowledge, attitudes and skills that support the prevention of specific unhealthy behaviors. The modules that will be used in this program are:

(Insert modules here)

Note that your young person may wish to talk with you about some of the topics we'll address, including: identifying emotions, how to manage their emotions, their goals for the future, peer pressure, assertive communication, refusing unhealthy behaviors and healthy decision-making. Please let me know if you would like to review any content of the program in advance.

Please sign below where indicated and return this letter to me by _____ to secure your young person's place in this important program. Should you have any questions, I can be contacted at the number below. We thank you for your time and your support.

(Insert date)

Sincerely,

(Your name here)

(Your phone number here)

_____ has my permission to participate in the SMART Moves program.

(Child's name)

Signed: _____ Dated: _____