

Hello Parents/Guardians,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [AGENCY NAME] has been chosen to embrace a new initiative put out by Special Olympics Wisconsin entitled SOfit.

The SOfit program has a few key components:

* Increase physical activity
* Increase knowledge of nutrition and making healthy eating choices
* Emphasize the importance of hydration in staying healthy
* Promoting healthy habits including emotional and social wellness
* Engaging both participants with and without disabilities to encourage and learn more about these initiatives in natural and inclusive environments

\_\_\_\_\_\_ a week for \_\_\_\_\_\_ weeks the participants will be participating in lessons revolving around the above objectives. Participants will participate in an educational component for part of the session and then will get time to do some physical activity.

Since this is a grant-funded program, Special Olympics Wisconsin is requiring that all participants in the program have height, weight, resting heart rate, and blood pressure taken at the beginning and end of the program, as well as a lifestyle survey and a social/emotional survey and minutes of physical activity each week. This information will not be published with the participant’s name, but rather used to show program effectiveness.

Please sign below to give permission for the participant’s metrics to be taken and surveys collected at the beginning and end of the program. Please contact Brittany Hoegh, Special Olympics Wisconsin Director of Training, at [bhoegh@specialolympicswisconsin.org](mailto:bhoegh@specialolympicswisconsin.org) if you have any further questions.

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I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to have their weight, height, blood pressure, and resting heart rate taken and surveys completed at the beginning and end of the SOfit program.

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Signature Date