Fit Kids of America  
Volunteer File Check List

Name: ______________________ Phone Number: ______________________

<table>
<thead>
<tr>
<th>Form</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Volunteer Application</td>
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<tr>
<td>(Must be signed by parent/legal guardian)</td>
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<tr>
<td>Authorization for Photography/Video</td>
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<tr>
<td>(Must be signed by parent/legal guardian)</td>
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<td>Field Trip Permission</td>
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<td>(Must be signed by parent/legal guardian)</td>
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<tr>
<td>Attestation of Good Moral Character</td>
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<tr>
<td>(Signed by volunteer)</td>
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<tr>
<td>Volunteer Affidavit</td>
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<td>(Signed by volunteer)</td>
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<td>Volunteer Background Check</td>
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<td>Dadeschools.net (Student portal)</td>
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<td>Pick Location (Olympia Heights Elementary)</td>
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<td>Functions (Teacher Assistant/Classroom)</td>
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<tr>
<td>Job Description</td>
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<td>(Signed by volunteer)</td>
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<td>Medical Insurance Documents</td>
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<td>Copy of Medical Insurance Card</td>
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<tr>
<td>Volunteer Identification Documents</td>
<td></td>
</tr>
<tr>
<td>Copy of Driver's License, School ID, Passport or Birth Certificate</td>
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</tbody>
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FIT KIDS OF AMERICA, CORP., Registration Agreement

DCF Child Care License C111M1946

How do you hear about us? [ ] Online [ ] Flyers [ ] Outdoor Signs [ ] Email [ ] Phone [ ] Other

Your Child's Age: [ ] 0-12 [ ] 13-18

What is your highest educational level? [ ] High School [ ] College

What is your child's primary language? [ ] English [ ] Spanish

What is your child's birthdate? [ ] 01/01/19xx [ ] 02/02/19xx [ ] 03/03/19xx [ ] 04/04/19xx [ ] 05/05/19xx [ ] 06/06/19xx [ ] 07/07/19xx [ ] 08/08/19xx [ ] 09/09/19xx [ ] 10/10/19xx [ ] 11/11/19xx [ ] 12/12/19xx

What is your child's favorite activity? [ ] Reading [ ] Sports [ ] Music [ ] Art [ ] Other

Do you have a current health insurance policy? [ ] Yes [ ] No

Do you have any pets at home? [ ] Yes [ ] No

Do you have any allergies? [ ] Yes [ ] No

Do you have any dietary restrictions? [ ] Yes [ ] No

Do you have any special needs that your child requires? [ ] Yes [ ] No

Do you have any other medical conditions that your child requires? [ ] Yes [ ] No

Do you have any special instructions for your child's care? [ ] Yes [ ] No

Do you understand that this form must be signed by both parents/guardians? [ ] Yes [ ] No

If you need to make any changes to your child's information, please call us at [ ] [ ] [ ].

Thank you for choosing FIT KIDS OF AMERICA. We look forward to serving your child.

Sincerely,

[Signature]

FIT KIDS OF AMERICA, CORP.
ANY HOLDER OF THIS CONSUMER CREDIT AGREEMENT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST FIT KIDS OF AMERICA, CORP. AS A RESULT OF THIS CONTRACT. RECOVERY BY THE SUPERIORMER OR SELLER SHALL NOT EXCEED THE TOTAL AMOUNT PAID BY THE BUYER TO FIT KIDS OF AMERICA, CORP. PURSUANT TO THIS AGREEMENT.

Interpretation. This Agreement includes the opposite and reverse sides of this Agreement. The words "you" and "your" mean Buyer or Child as the context requires and "we,” "us” and "our” refers to Fit Kids of America, Corp.

PARENT DISCLOSURE OF CHILDS/ PARTICIPANT'S CONSENT: Disclosure of any medical condition of a child/participant’s anthropometric condition is sufficient information at the time of signature that special needs condition. Policy of participation with disabilities can be found in the PARENT HANDBOOK.

Tuition Fees. Your Tuition Fees consist of monthly weekly or teacher prepayment day fees. Electronic funds transfer is required for the Tuition payments. Additional fees apply for injuries. Amounts paid are not refundable except as provided in this Contract. Failure to pay by the 7th day of the month will be assessed a late payment penalty fee of $20.00.

Disallowed Check Charge and Lack of Funds Charge. The Buyer agrees to pay a fee of Twenty Five Dollars ($25.00) or Five Percent (5%) of the face value of the check and/or lack of funds transaction per occurrence paid by us including Fit Kids of America, Corp., checks and improper invoiced in connection with the collection of any remitted check and/or lack of funds charge, when permitted for any remainder check or other item. Once a check is dishonored payments must be made by cashiers check or money order/ cashier’s check. Tuition Fees will continue to be due until cancellation or expiration of this agreement. Fit Kids of America, Corp. to cover increasing costs in providing services under this Agreement, reserves the right to increase monthly or weekly the charges beginning in the second anniversary date of this Agreement and each subsequent anniversary date thereof. Fit Kids of America, Corp. will provide the Buyer written notification of the proposed increase and failure of the Buyer to accept the increase by written instrument is cause for denial of contract renewal.

Financial Obligation. Other than the event of permitted cancellations described below, Buyer shall not be relieved of the obligation to make any payment in accordance with this agreement. Buyer is not entitled to any deduction or allowance for any payment by reason of absence or withdrawal of Child from the tax facilities or by reason of Child's failure to use the tax facilities. Payments are applied first to any past due obligations, then to fees or charges assessed, if any fees are current membership fees and lastly to tuition fees in the order in which they are scheduled to be received.

Deferral. You will be notified in Deferral if you breach any part of this Agreement's terms and conditions. If the balance of your payment is not paid within seven (7) days from the date of this agreement, or if you fail to pay any installment within thirty (30) days after the date when such installment is due, or if you are in Deferral, your services privileges may be revoked and any partial payment forfeited. Acceptance of any payment after default will not release Buyer from any obligations under this Agreement. The scheduled end of your payments under this agreement, you are not in violation of the Annual Percentage Rate shown on the face of this Agreement or the part of the amount financed by that you still owe. We may grant a payment extension for the amount you are still owe and you agree to pay any court costs and reasonable attorney's fees, and, where permitted, in collecting amounts owed under this Agreement, as determined by a Court. Any judgment will bear interest at the highest rate allowed by law.

Cancellation Within Three (3) Days. Upon written notice, the Buyer may cancel this Agreement within three (3) days of its delivery, exclusive of legal holidays and weekends, and receive a return of all moneys paid under this agreement. The refund will be issued during thirty (30) days after the notice of cancellation reaches us within the three (3) days any violation. To cancel, deliver or mail your written notice of cancellation within three (3) business days of the signing of this agreement to Fit Kids of America, Corp., 8935 SW 40 Street, Miami, Florida 33165.

Cancellation Upon Death or Disability. If Child dies or becomes physically unable to enroll for himself or herself as a substantive portion of any services provided from the commencement of this Agreement until the time of death in disability, we shall refund paid amounts under this Agreement for the time which Child will be unable to use the facilities due to disability or death. A physical disability sufficient to warrant cancellation of this Agreement by Buyer shall be established if Buyer furnishes to Fit Kids of America, Corp. a certification of such disability by a physician licensed under Chapter 459, or Chapter 458 of the Florida Statutes to the extent the diagnosis or treatment of the disability is within the physician's scope of practice. The certification of disability should include the following information: diagnosis, date of disability, state of illness and estimated duration of disability. To cancel under this paragraph, send to Fit Kids of America, Corp., 8935 SW 40 Street, Miami, Florida 33165, proof of death or a written certification by a physician increased in this State of such disability. You agree to return the Agreement and any documents received at or after this Agreement was signed evidencing Child's enrollment at Fit Kids of America, Corp. Cancellation will become effective only when the above conditions are properly met by the Buyer. The non-refundable registration fee will not be part of the refund under this provision.

Cancellation Upon Relocation. If Child permanently moves his or her residence more than fifteen (15) driving miles from Fit Kids of America, Corp. and is unable to continue as we require ourselves, a written notice of cancellation within three (3) business days of the signing of this agreement to Fit Kids of America, Corp. and any two of the following items are required as proof of change of residence: a current and valid lease, a utility bill, a bank statement or credit card bill, a change of address, and an indication that was forwarded to your new address or your new provider's office with due date. You agree to return this Agreement and any documents received at or after this Agreement was signed evidencing Buyer's enrollment at Fit Kids of America, Corp. Cancellation will become effective only when the above conditions are properly met. The non-refundable registration fee will not be part of the refund under this provision.

Termination of Agreement. Fit Kids of America, Corp. may terminate this Agreement without notice at any time in its sole discretion for good cause by sending written notice of termination to the Buyer's address as above appears on the registration form. Any termination of this Agreement shall constitute a breach of this Agreement. Any termination of this Agreement shall be in writing and sent to the Buyer at the address shown above. Any default in payment pursuant to this Agreement, any violation by the Buyer of the terms of this Agreement, failure to maintain its facilities, and the suspension thereof subsequently as part of the date of this Agreement. Classes and equipment are available upon demand, but may be unavailable or items charge due to peaks hours or demand fluctuates.

House Rules. You must wear proper gym attire approved by Fit Kids of America, Corp. which consist of sneakers, i-shirts and gym shorts or gym socks. Inappropriate use or abuse of gym equipment, educational materials, furniture, computers may constitute dismissal from the program.

Independent Contractors. From time to time we may allow available to Buyer/Child the services of Independent Contractors. We do not warrant or guarantee that of these services and do not guarantee these services will remain available to Buyer/Child for any period.

Exit Agreement. This Agreement terminates upon expiration of the term that is the duration of the Agreement. The parties to this Agreement hereby sever all rights.

Jury Waiver. Fit Kids of America, Corp. and hereby waive our right to any jury trial in any action, proceeding, or counterclaim brought by either Fit Kids of America, Corp. or me against the other party.

Garnishment. I consent to the execution of a garnishment or action for reattachment against my account payable, in accordance with Section 222.11 Florida Statutes, in order to satisfy the entire fulfillment under any lawful agreement in favor of Fit Kids of America, Corp.

Interest After Default. Upon default, including failure to pay upon final maturity, Fit Kids of America, Corp. at its option, may, if permitted under applicable law increase the interest rate to 18% per annum. If so, in the increase does not increase the interest rate exceeds the maximum interest permitted by applicable law.

Hours of Operation and Late Pick Up Fees. Fit Kids of America hours of operation are from 7 am to 7 pm. Children must be picked up by 7pm. Failure to do so will result in $10.00 charge for the first 15 minutes and $1.00 charge for each additional minute of late pickup. Fees are due at time of pickup. Parents/Guardians must call office 305-267-6622 to notify of lateness.
AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, ____________________________, the parent or guardian of ____________________________, hereby authorize and give consent to service providers and the staff of The Children’s Trust of Miami-Dade County as follows:

I hereby:

☐ consent and authorize       or       ☐ do not consent and authorize

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter “Recordings”) of me, my children, or my wards for educational, research, documentary, and public relations purposes.

CONFIDENTIALITY OF INFORMATION STATEMENT

This statement notifies parents that all student information given to Fit Kids of America Corp. will be secured (maintained in a locked secured environment) at the end of each working day. It is also our responsibility to ensure that all computer records maintain student’s information is held securely and appropriately protected. In addition, all information obtained will be kept confidential.

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children’s Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children’s Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

_________________________  ____________________________
Signature of Parent or Guardian              Signature of Witness

__________________________  ____________________________
Date                        Date

3150 SW 3rd Avenue, 8th Floor Miami, FL 33129
(305) 571-5700 Fax: (305) 860-2328
www.thechildrentrust.org
Fit Kids of America Corp.
Fit Kids of America 9395 Bird Road Miami, FL 33165
(305) 207-0022
Authorization for Transportation and Field Trip Permission

I, _____________________________, am the parent/legal guardian of _____________________________, give permission for my child to attend the scheduled field trips in Fit Kids of America Summer Camp. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

I certify and affirm that I have been completely and thoroughly informed that as a child attending the Fit Kids of America Summer Camp, my child will participate in certain activities which carry with them a degree of risk and danger. I acknowledge and understand that Fit Kids of America may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child’s participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child’s behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child’s participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Fit Kids of America Fitness Center and Olympia Heights Elementary, equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Fit Kids of America, the School Board of Miami-Dade County/ Olympia Heights Elementary School, its agents, representatives, employees, officers, directors from any and all claims, demands, or causes of action, which are in any way connected with my child’s participation in these activities or use of Fit Kids of America and the School Board of Miami-Dade County/ Olympia Heights Elementary, equipment and facilities.

I understand that it is my obligation to inform Fit Kids of America Corp. of any and all health considerations or medical conditions that would restrict my child’s participation in any and all activities while in the care of Fit Kids of America Corp. Should the need for medical attention arise, Fit Kids of America will attempt to contact me as soon as possible under the circumstances, but may act in the best interest of my child’s welfare if I can’t be reached. In the event of an emergency, I hereby give permission to the physician selected by the Fit Kids of America Corp., its agents, representatives, employees, officers, directors to order any and all diagnostic tests, treatments or invasive procedures for the health of my child. I further give permission to said physician to hospitalize, secure proper treatment or and to order injections, anesthesia and/or surgery for my child.

In consideration of the opportunity to be a participant at Fit Kids of America program, I hereby agree to release, indemnify, and hold harmless Fit Kids of America Corp., Fit For Life Inc. DBA Kids On The Move Bus Service and their facility, agents, representatives, directors, employees, officers, corporate sponsors, independent contractors and advertisers from any responsibility or liability for personal injury, including death and damage or loss of property, whether or not arising from the negligence of the program, that my child/participant may incur while my child/participant is traveling to or from all the events and activities for this program.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child’s participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Fit Kids of America Corp., on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Print Name: ___________________________ Date: ___________________________

Signature: ___________________________
CHILD CARE
ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County of ______________________

I, ____________________________________________, who, as an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with __________________________, affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:
Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04 attempts, solicitation, and conspiracy
Section 782.04 murder
Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071 vehicular homicide
Section 782.09 killing an unborn quick child by injury to the mother
Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
Section 784.011 assault, if the victim of offense was a minor
Section 784.03 battery, if the victim of offense was a minor
Section 787.01 kidnapping
Section 787.02 false imprisonment
Section 787.025 luring or enticing a child
Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011 sexual battery
Former Section 794.041 prohibited acts of persons in familial or custodial authority
Section 794.05 unlawful sexual activity with certain minors
Chapter 796 prostitution
Section 798.02 lewd and lascivious behavior
Chapter 800 lewdness and indecent exposure
Section 806.01 arson
Section 810.02 burglary
Section 810.14 voyeurism, if the offense is a felony
Section 810.145 video voyeurism, if the offense is a felony
Chapter 812 theft and/or robbery and related crimes, if a felony offense
Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04 incest
Section 827.03 child abuse, aggravated child abuse, or neglect of a child
Section 827.04 contributing to the delinquency or dependency of a child
Former Section 827.05 negligent treatment of children
Section 827.071 sexual performance by a child
Section 843.01 resisting arrest with violence
Section 843.025 depriving a law enforcement, correctional, or correctional probation officer means of protection or communication

CONTINUED ON NEXT PAGE
Section 843.12 aiding in an escape
Section 843.13 aiding in the escape of juvenile inmates in correctional institution
Chapter 847 obscene literature
Section 874.05 encouraging or recruiting another to join a criminal gang
Chapter 893 drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075 sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40 escape
Section 944.46 harboring, concealing, or aiding an escaped prisoner
Section 944.47 introduction of contraband into a correctional facility
Section 985.701 sexual misconduct in juvenile justice programs
Section 985.711 contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above list of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at ___________________________ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE: ___________________________ Date: ________________

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE: ___________________________ Date: ________________

In Witness Whereof, Employee has attested to Good Moral Character on this date: ________________

SIGNATURE of Owner/Director: ___________________________
School Volunteer Registration Process  Español  Kreyòl

New School Volunteers and Mentors
After registering and logging into one of the portals (Student, Parent, Employee, Community), follow these steps:

Click the Apps/Services/Sites tab at the top
1. Click on Be a School Volunteer
2. Fill out the personal information and click Submit
3. Choose your school(s) and activity(ies) in which you wish to volunteer and click Submit (A background check will be completed at this time).
4. A message will appear at the bottom showing your status (ex. Background check and process -- Please allow 4 days for results)
5. After successful background check clearance, visit your selected school/location and show your photo identification for final approval.

Returning School Volunteers and Mentors
You will need to re-register each year to become a volunteer or mentor. Login to your portal using your username and password and update the information in your application including school(s), and activity(ies) and click Submit.

Level 1 volunteers will require a new background check every year.
Level 2 volunteers will require a new fingerprint check every five years.

Retired/Former Employees
If you are a retired or former employee of M-DCPS and registered to be a volunteer through the Employee portal while still employed, you will need to create a new Community portal account and register to be a volunteer through the community portal.

Fingerprinting Process (Level 2 Volunteers Only)

For identified high security positions, Level 2 Volunteers must undergo a full fingerprint check with Miami-Dade County Public Schools. Please note, you may not begin service until you are cleared at Level 2 and have met the requirements for that position indicated. Your school or work location will contact you once you have been cleared.

Level 2 Volunteers are listed as the following:

- District or Region Office Volunteer (District training required, 305-995-2995)
- Listeners/Oyentes (Listeners training required, 305-995-2995)
- Mentor (Mentor Training Required)
- Overnight Chaperone (all grade levels, school site signature required)
- Physical Education Assistant (all grade levels, school site signature required)

*Volunteers not listed above are considered Level 1 Volunteers and do not require fingerprinting.
Fit Kids of America Job Description Form

Employee Name: ______________________________________

Location: Fit Kids of America - 9395 Bird Rd. Miami, FL 33165

Job Title: ______________________________________

Reports to: Program Director

Type of position: Volunteer

Hours:  o Full-time       o Part-time        o Volunteer

Job Purpose: Guiding students in their daily activities while maintaining a healthy environment for their growth.

General Job Description:
1. Provide supervision, guidance and homework assistance, tutoring, and physical fitness activities for children in the YAS Program.
2. Report disciplinary or behavior problem, illness and physical injuries.
3. Maintaining a safe, clean and organized work environment during and after daily activities.
4. Attend all staff meetings.
5. Managing and reporting needs of materials in their work environment.
6. Other duties as assigned.

Minimum Work Experience Requirements and Education Requirements: Current High School Student or higher education, work experience related to child care.

Summarize Your Special Skills and Certifications:

Reviewed by Employee/ Volunteer: ____________________________

Title: ____________________________________________________

Approved by: ____________________________________________

Title: ____________________________________________________

Date Hired: _____________________________________________