

# Fit Kids of America

## Intern/Volunteer File Check List

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Form	Completed
<b>Fit Kids of America Application</b> (Signed by parent/legal guardian)	<input type="checkbox"/>
<b>Authorization for Photography/Video</b> (Signed by parent/legal guardian)	<input type="checkbox"/>
<b>Field Trip Permission</b> (Signed by parent/legal guardian)	<input type="checkbox"/>
<b>Permission to leave premises</b> (Signed by parent/legal guardian)	<input type="checkbox"/>
<b>Attestation of Good Moral Character</b> (Signed by intern/volunteer)	<input type="checkbox"/>
<b>Volunteer Affidavit</b> (Signed by intern/volunteer)	<input type="checkbox"/>
<b>Intern/Volunteer Background Check</b> <div style="margin-left: 40px;"> Dadeschools.net (studentportal)  Pick Location (Olympia Heights Elementary)  Service Activities Level 1 (select OTHER) </div>	<input type="checkbox"/>
<b>Job Description</b> (Signed by intern/volunteer)	<input type="checkbox"/>
<b>Medical Insurance Documents</b> <div style="margin-left: 40px;">Copy of Medical Insurance Card</div>	<input type="checkbox"/>
<b>Intern/Volunteer Identification Documents</b> <div style="margin-left: 40px;">Copy of Driver's License, School ID, Passport or Birth Certificate</div>	<input type="checkbox"/>
<b>TPP Enrollment Form</b> (Signed by intern/volunteer)	<input type="checkbox"/>

FIT KIDS of AMERICA, CORP., Registration AGREEMENT

Headquarters: 9395 Bird Road • Miami, Florida 33165  
(305) 207-0022 • Fax (305) 225-1950  
www.fitkidsofamerica.org

How did you hear about us? ☐ Online ☐ Flyers ☐ Outdoor Signs  
☐ School ☐ E-mail ☐ Referral

DCF Child Care License  
C11MD1946



Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name : \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ M-DCPS ID \_\_\_\_\_

Child's Name : \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ M-DCPS ID \_\_\_\_\_

Child's Name : \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_\_\_ M-DCPS ID \_\_\_\_\_

Child's Race: ☐ American Indian or Alaska ☐ Asian ☐ Black or African American ☐ Haitian ☐ Pacific Islander ☐ White ☐ Multiracial ☐ Other: specify \_\_\_\_\_

Child's Ethnicity: ☐ Haitian ☐ Hispanic ☐ Other: specify \_\_\_\_\_

Child's Preferred Language: ☐ English ☐ Spanish ☐ Haitian/Creole ☐ None ☐ Other \_\_\_\_\_ Child's Country of Origin \_\_\_\_\_ Is Child Proficient in English? ☐ Yes ☐ No

Additional or Other Language Spoken in the Home: ☐ Spanish ☐ Haitian/Creole ☐ Other \_\_\_\_\_

Dependency System ☐ Yes ☐ No Delinquency System ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION

Mother's / Guardian's Name \_\_\_\_\_ Place of Employment: \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone \* - Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's / Guardian's Name \_\_\_\_\_ Place of Employment: \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone \* - Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Does child live with a legal guardian other than mother or father? ☐ Yes ☐ No • If yes Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Ph. \_\_\_\_\_ Wk Ph. \_\_\_\_\_ E-mail: \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP CHILD AND CONTACT FOR EMERGENCY

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel : \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel : \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel : \_\_\_\_\_

PERSONS NOT AUTHORIZED TO PICK-UP CHILD Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel : \_\_\_\_\_

Does child have health insurance ( ex., private insurance, KidCare, Medicaid)? ☐ Yes ☐ No - (If not, The Children's Trust may be able to help you find affordable coverage - Call 211)

FIT KIDS OF AMERICA REQUIRES YOU TO PURCHASE THE 24 HOUR SCHOOL ACCIDENT INSURANCE (UPON REGISTRATION), IF YOU DO NOT HAVE HEALTH INSURANCE COVERAGE FOR YOUR CHILD.

Name of Medical Ins. Co. \_\_\_\_\_ Policy : \_\_\_\_\_ Group : \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Copy of Card Attached: \_\_\_\_\_

Does child have a documented disability? ☐ Yes ☐ No (If Yes check all that apply) ☐ An individualized family service plan (IFSP, if under 3 years old)

☐ An individualized Education Plan (IEP) from the school system ☐ A section 504 plan ☐ Diagnosis from a Doctor or State Certified Registered Licensed Professional

☐ Disclosure by Parent or Guardian

If yes, how would you best classify the type (S)? Check all that apply: ☐ Autism Spectrum Disorders ☐ Chronic Medical Condition ☐ Emotional and/or Behavioral Disorder

☐ Hearing Impaired or (Deaf) ☐ Intellectual Disability ☐ Learning Disability ☐ Speech/Language Impairment ☐ Physical Disability

☐ Visual Impairment or (Blind) ☐ Developmental Delay (under 5 years old) ☐ Other Disability \_\_\_\_\_ Any disciplinary or conduct problems? \_\_\_\_\_

List Any Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Taking Any Medications: \_\_\_\_\_ Allergies to food or medications: \_\_\_\_\_

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provides funding for the program.

Your Payment Schedule Agreement for Weekly Payment Plan User

☐ 9 WEEKS SESSION - \_\_\_\_\_ @ \$98.00 per week \$ 882.00

☐ 8 WEEKS SESSION - \_\_\_\_\_ @ \$98.00 per week \$ 784.00

☐ \_\_\_\_\_ WEEKS @ \$150.00 per week \_\_\_\_\_

☐ PRE-K AGES 2,3,4 & 5 @ \$125.00 per week \_\_\_\_\_

\_\_\_\_\_ Number of field trips >>>>> @ \$15.00 each \_\_\_\_\_

Registration Fee (non-refundable) \$ 60.00

PAID BY: \_\_\_\_\_ Total \_\_\_\_\_

☐ Check # \_\_\_\_\_ Total Paid \_\_\_\_\_

☐ Credit/Debit Card Balance Due \_\_\_\_\_

AUTOMATIC PAYMENT REQUEST

☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

I authorize Fit Kids of America, Corp. to charge my credit card for camp fees, which may also include registration fee, field trips. I agree that such payment shall be the same as if were signed by me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE OF LIABILITY

I hereby acknowledge that my child and I have been fully informed and know of all the inherent risks involved or associated with participating in athletic, nutritional and/or dietary programs as well as field trips in that serious injury and/or death may result from participation in said programs and/or field trips and I choose to voluntarily assume and accept any and all responsibility for my child's safety and welfare while participating in said programs and/or field trips by agreeing to take no legal action against Fit Kids of America, Corp. its agents, representatives, employees, officers, corporate sponsors, independent contractors and advertisers because of any accident or mishap involving my child.

I fully understand that the athletic, nutritional, educational, counseling and/or dietary programs offered by Fit Kids of America, Corp. are not otherwise available in the community. In return, I individually and as the legal guardian of the above-referenced child, release and agree to hold harmless Fit Kids of America, Corp. its agents, representatives, employees, officers, corporate sponsors, independent contractors and advertisers irrespective of any negligent act and/or omission by Fit Kids of America, Corp. and/or said individuals and/or said entities arising from or related in any way to the programs or services and/or field trips offered by Fit Kids of America, Corp. as well as related to any first aid and/or basic medical attention rendered by any Fit Kids of America, Corp. its agents, representatives, employees, officers, corporate sponsors, independent contractors and advertisers to any child enrolled in the after school program or day camp.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Fit Kids of America, Corp. its agents, representatives, employees, officers, corporate sponsors, independent contractors and advertisers to order any and all diagnostic tests, treatments and/or invasive procedures for the health of my child. I further give permission to said physician to hospitalize, secure proper treatment for and to order injections, anesthesia and/or surgery for my child. My personal insurance, including but not limited to, Health Insurance, Auto Insurance, and/or Home Owner's Insurance shall bear primary responsibility in case of an accident suffered and/or caused by my child.

I hereby authorize Fit Kids of America, Corp. its agents, representatives, employees, officers, corporate sponsors, independent contractors and advertisers the absolute right and unrestricted permission to obtain, use, copyright, and/or publish photos and/or videos of my child in conjunction with the use of my child's name, face, likeness, voice and/or appearance. It is my understanding that such pictures and/or videos are for the purpose of art, advertising, trade, commerce and/or any other lawful purpose whatsoever. I understand further that I will not have any opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied as well as the fact that the released parties are under no obligation to exercise said rights herein granted.

**Waiver and Release. THE BUYER, AS THE PARENT OR LEGAL GUARDIAN OF THE CHILD, DOES HEREBY RELEASE FIT KIDS OF AMERICA, CORP. ON BEHALF OF HIMSELF OR HERSELF AND ON BEHALF OF THE MINOR, HIS/HER PERSONAL REPRESENTATIVE, HEIRS, EXECUTORS, SUCCESSORS, AND/OR OTHER NATURAL GUARDIANS, FROM ANY AND ALL LIABILITY FOR INJURY SUFFERED BY THE CHILD DURING PARTICIPATION IN PROGRAMS, ACTIVITIES AND/OR USAGE OF FACILITIES ON SITE OR OFF SITE INCLUDING INJURY RESULTING FROM THE NEGLIGENCE OF FIT KIDS OF AMERICA, CORP. ITS AGENTS, REPRESENTATIVES, EMPLOYEES, OFFICERS, CORPORATE SPONSORS, INDEPENDENT CONTRACTORS AND ADVERTISERS.** The Buyer agrees and understands that the child will engage in physical activity, exercise or participate in nutritional programs at their own risk. The waiver and release of liability includes, without limitation, injuries the member may suffer as a result of (a) child use of any exercise equipment or facilities which may malfunction or break, (b) Fit Kids of America, Corp. improper maintenance of any exercise equipment or facilities, (c) Fit Kids of America, Corp.'s or its agents' negligent instruction and/or supervision, transportation and (d) the child slip and fall while at Fit Kids of America, Corp. on or off its premises. **THE BUYER ACKNOWLEDGES VOLUNTARILY WAIVES ANY RIGHTS THAT HE/SHE AND/OR THE CHILD MAY HAVE TO BRING LEGAL ACTION TO ASSERT A CLAIM AGAINST FIT KIDS OF AMERICA, CORP. FOR ITS NEGLIGENCE. INITIALS.**

**BUYER'S RESPONSIBILITY AS TO CHILD'S USE.** The buyer agrees to consult with child's physician before allowing the child to use our services and/or facilities. The buyer agrees not to allow the member to use our services and/or facilities if the child suffers from any medical condition including, but not limited to, open cuts, abrasions, sores or infections. It is the buyer's responsibility to consult with the child's physician to determine if any of these medical conditions exist and, if so, whether such condition poses a direct threat to the health and/or safety of the child or others. Fit Kids of America, Corp. reserves the right, however, to make the final determination in this regard.

**FIELD TRIPS:** I authorize and give my consent for my child to attend and participate in the Fit Kids of America, Corp. field trips. I understand and acknowledge there are risks of injury to person or even death, damage to and / or loss of property that are associated with field trips, including without limitations risk related to travel hazards, terrain, weather, eating and other circumstances. I certify that my child is in good health and has no physical condition that would prevent participation in these activities. I also understand that the field trips may include water theme and amusement parks; therefore, neither Fit Kids of America, Corp., Fit For Life, Inc., Miami-Dade Public Schools, their officers, director, employees, volunteers, will have any responsibility for the condition or use of any property, facilities or equipment. Furthermore, I agree to use my child's personal medical insurance as a primary medical coverage payment if an accident or injury occurs. I consent to emergency medical treatment in the event such care is required. In consideration of my child's participation in these activities, I hereby voluntarily assume all risk connected with or arising out of his/her participation in field trip activities, and waive any claim against Fit Kids of America, Corp., Fit For Life, Inc., Miami-Dade Public Schools, their officers, director, employees, volunteers and members for any injury, harm, damage or other liability arising out of field trip activities.

I HAVE RECEIVED A FIT KIDS OF AMERICA, CORP. HANDBOOK AND AGREE TO COMPLY WITH THE RULES, POLICIES AND PROCEDURES.

I HAVE CAREFULLY READ (PAGES 1 AND 2) AND FULLY UNDERSTOOD THIS AGREEMENT AND KNOW IT CONTAINS A RELEASE OF LIABILITY. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Signature of Father/Mother or First/Second Guardian: \_\_\_\_\_ Print Name of Father/Mother or First/Second Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Signature: \_\_\_\_\_ Print Name of Witness to Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FIT KIDS OF AMERICA, CORP.

ANY HOLDER OF THIS CONSUMER CREDIT AGREEMENT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE BUYER/MEMBER COULD ASSERT AGAINST FIT KIDS OF AMERICA, CORP. AS A RESULT OF THIS CONTRACT. RECOVERY BY THE BUYER/MEMBER SHALL NOT EXCEED THE TOTAL AMOUNT PAID BY THE BUYER/CHILD 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" refer to Buyer or Child as the context requires and "we", "us" and "our" refers to Fit Kids of America, Corp.

**PARENT DISCLOSURE OF CHILD'S / PARTICIPANT'S CONDITION:**

Disclosure by parent/guardian of a child's/participant's health/medical condition is sufficient attestation of the child's/participant's special needs condition. Policy of parent/guardian disclosure can be found in the PARENT HANDBOOK.

**Tuition Fees.** Your Tuition Fees consist of monthly, weekly or teacher planning day fees. Electronic funds transfer is required for the tuition payment. Additional fees apply for invoicing. 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.

**Dishonored Check Charge and/or 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, whichever is greater, or the maximum amount permitted by law (including Fit Kids of America, Corp. costs and expenses incurred in connection with the collection of any returned check and/or lack of funds charge, where permitted) for any returned check or other item. Once a check is dishonored payments must be made by credit/debit card or money order/cashier's check.

**Increase of Tuition Fees.** 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 fee charges beginning in the second anniversary date of this Agreement and each succeeding 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 in 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 from any payment by reason of the absence or withdrawal of Child from the our facilities or by reason of Child's failure to use the our facilities. Payments are applied first to any past due obligations, then to fees or charges assessed, if any, then to current membership fees and lastly to tuition fees in the order in which they are scheduled to be made.

**Default.** You will be in Default 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. If you are in Default, your services privileges may be denied and any partial down payment forfeited. Acceptance of any payment after default will not release Buyer from any obligations under this Agreement. After the scheduled end of your payments under this agreement, you agree to pay interest at the Annual Percentage Rate stated on the front of this Agreement on the part of the amount financed that you still owe. We may get a court judgment against you for the amount you still owe and you agree to pay any court costs and reasonable attorney's fees, where permitted, involved 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 making, exclusive of legal holidays and weekends, and receive a refund of all monies paid under this agreement. The refund will be issued within thirty (30) days after receipt of the notice of cancellation made within this three (3) day provision. 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. 9395 SW 40 Street, Miami, Florida 33165.

**Cancellation Upon Death or Disability.** If Child dies or becomes physically unable to avail himself or herself of a substantial portion of the services used from the commencement of this Agreement until the time of disability or death, we shall refund funds paid or accepted in payment of this Agreement for that 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 461 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, extent of disability, date of onset and estimated duration of disability. To cancel under this paragraph, send to Fit Kids of America, Corp., 9395 SW 40 Street, Miami, Florida 33165, proof of death or a written certification by a physician licensed under this State of such disability. You agree to return this 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 15 driving miles from Fit Kids of America, Corp. and is unable to continue to avail themselves of a substantial portion of the services provided under this Agreement, then the Buyer shall have the right to cancel the remainder of the agreement provided that a Fifty Dollars (\$50.00) cancellation fee is paid to Fit Kids of America, Corp. and any two of the following items are Provided as proof of change of residence: a current and valid lease, a utility bill, a bank statement or credit card bill, a yellow change of address label indicating mail was forwarded to your new address or your new driver's license with issue 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 at any time in its sole discretion for good cause by sending written notice of termination to the Buyer's address as same appears in the Fit Kids of America, Corp records. Termination of this Agreement does not entitle the Buyer to any refund of amounts paid and shall be effective as of date of deposit of such written notice in the U.S. Mail. Good cause is hereby defined as: (a) The violation of any provision in this Agreement; (b) Any default in payment pursuant to this Agreement; (c) Any conduct by Child constituting a nuisance or disturbance of the peaceful enjoyment and/or misuse of equipment, (d) Any engagement in illegal or unlawful activities by Child on our premises.

**Reservation of Rights.** Fit Kids of America, Corp. reserves the right at any time to close their facilities or alter the hours of operation, and the right to amend the cost of, add, modify and/or eliminate any program, activity, class, service, house rule and regulation in its sole discretion. Except as prevented by God, war, strike and other causes beyond Fit Kids of America, Corp., control, and subject to rights reserved in this paragraph, Fit Kids of America, Corp. will, during the term of this Agreement, maintain its facilities and the supervision thereof substantially the same as of the date of this Agreement. Classes and equipment are available upon demand, but may be unavailable or times changed due to peak hours or if demand fluctuates.

**House Rules** You must wear proper gym attire approved by Fit Kids of America, Corp. which consist of sneakers, t-shirts and gym shorts or gym pants. 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 make available to Buyer/Child the services of Independent Contractors. We do not warrant or guarantee the quality of these services and do not guarantee these services will remain available to Buyer/Child for any time period.

**Entire Agreement.** This agreement constitutes the entire Agreement between the parties with respect to the subject matter hereof and supersedes any and all prior agreements and/or communication regarding same, whether written or oral.

**Agreement Modification.** This Agreement shall not be modified, waived and/or rescinded, in whole or in part, except by written instrument signed by the parties hereto and specifically referencing this agreement.

**Severability.** If any portion of this agreement should be declared invalid by a court of competent jurisdiction, any and all remaining portions shall remain in full force and effect.

**Governing Law and Venue.** This Agreement shall be construed and enforced with the laws of the State of Florida. Further, the parties agree that should it be necessary to enforce any provisions of this Agreement, then venue shall lie in Miami - Dade County, Florida. The parties to this Agreement hereby waive jury trial.

**Jury Waiver.** Fit Kids of America, Corp. and I 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 issuance of a continuing writ of garnishment or attachment against my disposable earnings, in accordance with Section 222.11 Florida Statutes, in order to satisfy, in whole or in part, any money judgment entered 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 and to the extent the increase does not cause the interest rate to exceed the maximum rate permitted by applicable law.

**Hours of Operation and Late Pick Up Fees:** Fit Kids of America hours of operation are from 7<sup>AM</sup> to 7<sup>PM</sup>. Children must be picked up by 7<sup>PM</sup>. Failure to do so will result in \$10. dollars charge for the first 5 minutes and \$1. dollar will be charged for each additional minute of late pickup. Fees are due at time of pickup. Parents/Guardians must call office 305-207-0022 to notify of tardiness.



### **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



# Fit Kids of America Corp.

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 the **Fit Kids of America Program**. 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 program**, 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 programs, 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 Out-Of-School 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: \_\_\_\_\_

## PARENTAL AUTHORIZATION TO LEAVE SUMMER CAMP PREMISES

SOME VOLUNTEERS LIKE TO LEAVE CAMP DURING THEIR BREAKS, EITHER TO SHARE FREE TIME WITH THEIR PEERS OR TO GO AND GET SOMETHING TO EAT OUTSIDE OF CAMP FACILITIES. IT IS NOT MANDATORY TO REMAIN UNDER THE CONSTANT SUPERVISION OF THE HEAD COUNSELOR OR TO STAY IN CAMP DURING BREAK TIME. PLEASE KNOW THAT DURING THEIR BREAKS AND/OR FROM THE TIME THAT YOUR SON/DAUGHTER LEAVES CAMP AND UNTIL HE/SHE RETURNS TO THE HEAD COUNSELOR IN CAMP, HE/SHE IS NOT BEING SUPERVISED BY A MEMBER OF OUR STAFF. WE HAVE NO KNOWLEDGE OF WHAT THEY ARE DOING, WHERE THEY GO, AND WITH WHOM THEY GO. THEREFORE, WE ARE NOT RESPONSIBLE FOR ANY ACCIDENTS, INJURIES, DAMAGES, OR LOSSES ARISING FROM THEIR BEHAVIOR OR ACTIONS DURING THEIR BREAKS INSIDE OR OUTSIDE OF CAMP. YOU MUST SIGN ONE OF THE FOLLOWING STATEMENTS AND AGREE THAT YOUR SON/DAUGHTER WILL ABIDE BY YOUR DECISION.

**\*I AUTHORIZE MY SON/DAUGHTER\_\_\_\_\_to leave the Fit Kids of America Summer Camp grounds during breaks and lunch.** I acknowledge that my son/daughter and I have been fully informed of the Policies and Procedures, Regulations and agree that my son and I will abide by them. I voluntarily assume and accept the responsibility for my son's/daughter's safety and welfare while participating in the Fit Kids of America Summer Camp Program. I agree to take no legal action against Fit Kids of America, Corp., the School Board of Miami-Dade County, Fit For Life Inc., d/b/a Kids On The Move Bus Service, its agents, representatives, employees, officers, board members and corporate sponsors for any mishap involving my son/daughter, irrespective of any negligent act and/or omission by Fit Kids of America and/or said individuals and/or said entities arising from participation in the program, field trips and/or services offered by Fit Kids of America, Corp.

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PARENT NAME (PRINT)

DATE:

SIGNATURE

CELL PHONE #

**\*I DO NOT AUTHORIZE MY SON/DAUGHTER\_\_\_\_\_to leave the Fit Kids of America Summer Camp grounds during breaks and lunch.** I acknowledge that my son/daughter and I have been fully informed of the Policies and Procedures, Regulations and agree that my son and I will abide by them. I voluntarily assume and accept the responsibility for my son's/daughter's safety and welfare while participating in the Fit Kids of America Summer Camp Program. I agree to take no legal action against Fit Kids of America, Corp., the School Board of Miami-Dade County, Fit For Life Inc., d/b/a Kids On The Move Bus Service, its agents, representatives, employees, officers, board members and corporate sponsors for any mishap involving my son/daughter, irrespective of any negligent act and/or omission by Fit Kids of America and/or said individuals and/or said entities arising from participation in the program, field trips and/or services offered by Fit Kids of America, Corp.

---

PARENT NAME (PRINT)

DATE:

SIGNATURE

CELL PHONE #





## 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 \_\_\_\_\_, I 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
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 lists 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: \_\_\_\_\_





## VOLUNTEER ACKNOWLEDGEMENT FOR CHILD CARE PROGRAM

I attest my name is \_\_\_\_\_, and I serve in the child care  
(print volunteer's/foster grandparent's name)

program known as Fit Kids of America.  
(print name of child care program)

I serve as a (check one):

- ☒ **Volunteer:** As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.302(3), Florida Statutes, and complete the state mandated training requirements.
- ☐ **Foster Grandparent:** As a foster grandparent, I adhere to all the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. I must begin training within 30 days of working in the child care industry in any Florida child care facility and have the following courses completed, either by instructor-led or online, within one year from the working start date: Child Care Facility Rules and Regulations; Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; and, Special Needs Appropriate Practices.

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_  
Volunteer's/Foster Grandparent's Signature

\_\_\_\_\_  
Date

### To Be Completed by the Owner/Operator/Director

I attest my name is \_\_\_\_\_, and I am the  
(print owner's/operator's/director's name)

(check one) ☐ Owner ☐ Operator ☐ Director of the child care program identified above.

The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and understand the foregoing.

\_\_\_\_\_  
Owner's / Operator's / Director's Signature

\_\_\_\_\_  
Date



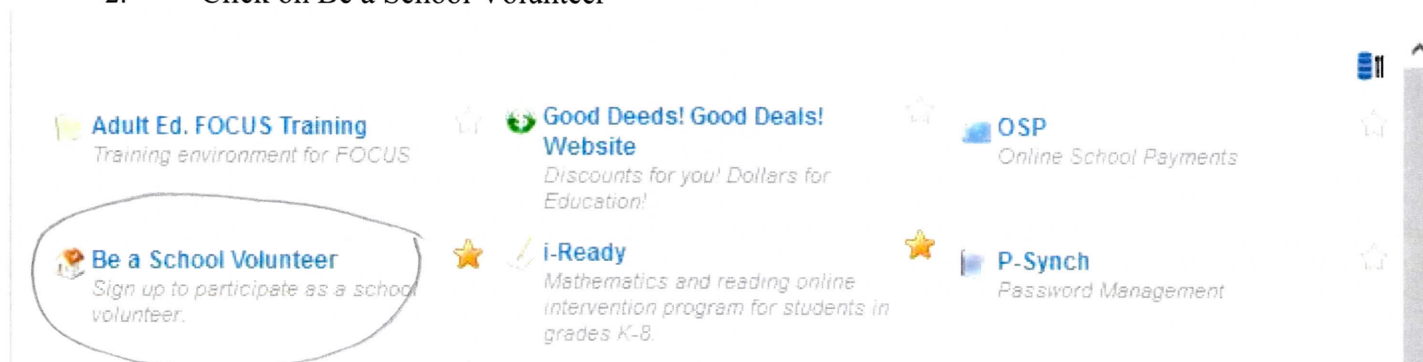
# School Volunteer Registration Process

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

1. Click the Apps/Services/Sites tab at the top



2. Click on Be a School Volunteer



3. Fill out the personal information and click Submit

The screenshot shows the 'School Volunteer Program Registration' form. At the top, there is a progress bar with 8 steps: 1. Personal Information, 2. School Information, 3. Training, 4. Location, 5. Volunteer, 6. Application, 7. Submit, and 8. Review. The 'Submit' step is highlighted. Below the progress bar, there is a section titled 'School Volunteer Program Registration' with a quote: 'Everybody can be great because anybody can serve ... You only need a heart full of grace. A soul generated by love. And you can be that servant.' - MLK Jr. The form lists various volunteer activities, including 'Arts Volunteer', 'Classroom Volunteer', 'Clerical Volunteer', 'Dade Partner', 'Day Chaperone', 'EESAC (Educational Excellence School Advisory Council)', 'Media Center/Technology Volunteer', 'Miami-Dade County Council PTA / PTA Volunteer', 'Tutor', and 'Speaker/Presenter'. At the bottom, there is a 'Submit' button and a 'Cancel Application' button.

4. Choose Olympia Heights Elementary and activity(ies) in which you wish to volunteer and click Submit (A background check will be completed at this time).
5. A message will appear at the bottom showing your status (ex. Background check and process- Please allow 3 to 4 days for results).
6. After successful background check clearance, visit your selected school/location and show your photo identification for final approval.



Fit Kids of America Job Description Form

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Reports to: Program Director

Hours:    ☐ Full-time        ☐ Part-time

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

General Job Description:

1. Provide supervision, guidance, homework assistance, tutoring, and physical fitness activities for children in the YDP/YDS 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. Take all required trainings. (See Attached)
6. Managing and reporting needs of materials in their work environment.
7. Other duties as assigned.

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

I read the above job description and I have received the list of required trainings:

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

## TRINITY CHURCH PLANBEE \_\_\_\_\_ PROGRAM ENROLLMENT FORM

<b>Student Information</b>		
*Name of Program Site/School: _____		
*Class Name: _____		
*Current Grade Level: 6 7 8 9 10 11 12 (Circle applicable grade level) / (Not Currently in School)		
^Student Email: _____		^Student ID #: _____
<b>Demographic Information</b>		
*Name: _____ (First Name, Middle Initial, Last Name)		*Birth Date: ____/____/____ Mo Day Year
<b>*Sex (Gender)</b> <i>What sex were you assigned at birth, on your original birth certificate?</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <i>How do you describe yourself? (check one)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Do not identify as female, male, or transgender		
<b>*Hispanic/Latino:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Race/Ethnicity:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Do Not Wish to Identify		
<b>Lives with (check all that apply):</b> <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other (specify) _____		<b>*Home Zip Code:</b> _____
<b>Qualify for:</b> <input type="checkbox"/> Free lunch <input type="checkbox"/> Reduced lunch <input type="checkbox"/> Neither, pays full price <input type="checkbox"/> Don't Know		
<b>When at home or with family, what language or languages are usually spoken?</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese Languages such as Mandarin or Cantonese <input type="checkbox"/> Other language: _____		
<b>Youth follow up contact information will help us reach you one year from now.</b>		
<b>Cell Number:</b> _____		<b>Facebook:</b> _____
<b>Instagram:</b> _____		<b>Other Social Media (e.g. Twitter):</b> _____
<b>Name &amp; cell phone # of close friend or family:</b> _____		
<b>Parent/Guardian Information</b>		
<b>Name(s):</b> _____		<b>Relationship to child:</b> _____
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____
<b>Daytime Phone:</b> _____		<b>Evening Phone:</b> _____
<b>Email Address:</b> _____		<b>Mobile Phone:</b> _____

\*Items marked by an asterisk (\*) are mandatory fields and must be filled out for proper enrollment.

^These items are mandatory for virtual learning and survey administration.



# Youth Assent to Participate in Program Form

## Youth Agreement Form

### Introduction

You are being invited to participate in Trinity Church Peacemakers Family Center PlanBE\_\_\_\_\_ Program. The PlanBE\_\_\_\_\_ program replicates evidence-based curricula *Love Notes 3.0* or *Reducing the Risk*. This program will take place during July 2022-August 2022.

### What is the purpose of the program?

The PlanBE\_\_\_\_\_ program will focus on building healthy relationship skills paired with positive youth development to help participants avoid risky behaviors and promote social and emotional well-being and healthy transitions to adulthood. If you want to skip any *portion* of the program, you are free to do so and should notify your teacher, who will make arrangements to offer a different learning activity. Federal funds support these services. As such, the program will not teach or promote religion. The program is designed to give youth the information and skills to promote optimal health and prevent teen pregnancy.

### Who should I contact with questions about the program?

If you have questions about our program or organization, you can contact Ruth Thomassaint, TPP Program Manager, at (305) 283-6188.

\* \* \* \* \*

### What information will I be asked to give?

You will be asked to complete a survey two times: at the beginning of the program and the end of the program to measure your knowledge, attitudes, beliefs, and other youth risk behaviors. The information provided in completed surveys will give us specific insights into how to improve the program. Answers to the survey items are anonymous. Your name will NOT be on the survey. You will never be identified by name in any reports. Your participation in completing the survey questionnaires is voluntary. Taking or not taking the surveys will not affect services here or anywhere else.

### Who should I contact with questions about the survey?

If you have any questions about the surveys, you may contact Melanie Porterfield at AMTC & Associates (AMTC) at (414) 316-4535. AMTC is the organization responsible for the evaluation of this program.

\* \* \* \* \*

### I have decided to participate in the PlanBE\_\_\_\_\_ program. In doing so, I understand that:

- ✓ I am participating in a voluntary program.
- ✓ If I feel uncomfortable participating in a program activity, I may skip it.
- ✓ If I feel uncomfortable answering a survey question, I may skip it.
- ✓ I can stop participating in the program at any time.
- ✓ Should I have questions or concerns, I may call the Project Director listed above at any time.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date