Permission to Participate Form

K-Kids is a community service organization for elementary school students. **Kiwanis Club of Cocoa Beach** serves as the K-Kids club sponsor. Ms. Carrasco is the K-Kids Faculty Adviser and Club Advisor. Meetings will be on most **TUESDAYS** from 2:45 to 3:30. The frequency of the meetings will depend on the current project. Members in this community service organization are students who are interested in service to our school and our community.

The Objectives of K-Kids are:

- To provide opportunities for working together in service to school and community.
- To develop leadership potential.
- To foster development of a strong moral character.
- To encourage loyalty to school, community, and nation.

Ongoing K-Kids Project:

Fundraising to build a Veterans Memorial at Davis Memorial Cemetery

Past K-Kids Projects:

Pie Baking Extravaganza, a precious partnership with IRC Methodist Church
School Campus Clean Up Project
Holiday Cards for Meals on Wheels recipients
SPCA Dog Toys
Oasis of Central Florida Project – care packages for troops overseas

All K-Kids are required to complete a ***minimum of 20 community service hours*** during the 2025-2026 school year. As you can see the K-Kids will have plenty of opportunities to meet their hour requirement. Our club has $10 dues. This is due no later than September 19th.

Parents of interested students need to complete the form and send the $10 dues to Ms. Carrasco by *Friday, September 25th .* Please place it in a baggie with your child's name on it.

Student's First and Last Name: _____

Grade: ___ Classroom Teacher: _____ Shirt Size: _____

How will the student go home on the days of meetings? _____

Why do I want to be part of the K-Kids Club?

You must complete essay question ☺ Portion to Participate.

I hereby give my permission for my child to participate in K-Kids club.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Phone Numbers: Cell _____

Do you accept text messages Yes (___) No (___)?

e-mail address: _____

☺ Younger siblings of K-Kids can become K-Kids as well. I know how difficult it would be to have one child attending the meeting and must come back to pick them up and hour later. If younger sibling would like to participate they would be required to pay the $10 dues. They would be a full-fledged K-Kid with an official shirt ☺

Photograph Release Consent Form

I herby give Kiwanis International, its employees, and those acting with its authorization the right and permission to copyright, use and/or publish photographic pictures or portraits of my child, _____, in K-Kids and Builders Club promotional materials, which include video, catalogs, magazines, brochures, Kiwanis Club of Titusville, Facebook page, and the Kiwanis Internet Web site.

I hereby waive any right to inspect or approve the finished video, photograph, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied.

I hereby release, discharge, and agree to hold harmless Kiwanis International, its employees, or vendors (including any film publishing and/or distributing the finished product? From and against any liability as a result of any reproduction of the finished alteration that may occur in the taking, processing, or reproduction of the finished product, even should the same subject me to ridicule, scandal, or indignity.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned. A parent or guardian must sign the release if the individual photographed is under 18 year of age.

I have read the forgoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the content thereof.

Student's Name: _____

Address: _____

City: _____ Florida, Zip Code _____

Phone Number: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____

(If subject is under 18 years of age.)

Witness: _____

STUDENT PARTICIPATION IN DISTRICT AND NON-DISTRICT SPONSORED CLUBS, EVENTS, AND ACTVITIES

Refer to school board policies 2430 and 5730 for District and Non-District Sponsored Criteria

Imperial Estates Elementary — School Name

09/08/2025 — Date

_____ — Student Name

_____ — Grade

Activity/Event: **K-Kids Club meetings and service projects** — List activity/event

On: **Thursdays 09/15/2 through 05/26/26 2:30-3:30 p.m.** — Date(s) and time of events

Ms. Edelmira Carrasco K-Kids Faculty Sponsor — Adult Supervisor

LOCATION OF EVENT/ACTIVITY: **Imperial Estates Elementary School**

NATURE OF EVENT/ACTIVITY: **The goal of the student leadership program is to teach students how to give back to their community through service projects, fundraising, and become positive role models to others in their school community.**

Staff/Guests who will be present during event/activity **Ms. Carrasco**

Parents should direct questions concerning the activity to the school office

Name: Ms. Edelmira Carrasco — Adult Supervisor

Telephone (321) 267-1773 (School Number) **(321)-302-5709** (Mobile Number)

(ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL)

PARENTAL AUTHORIZATION AND ACKNOWELDGMENT OF RISKS

1. I understand that participation in this event/activity is voluntary.
2. The parent or guardian and student are responsible for transportation to and from the event/activity unless otherwise specified.
3. The parent or guardian and student understand that the school district, its officers, agents, or employees are not responsible for the student during the time he/she is traveling to or from the event/activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability during the entire course of the student's participation in the event/activity and will indemnify and hold the School Board of Brevard County harmless for any injury or accident or property loss involving the student.
5. Parent or guardian permission for the student to participate in the above event/activity may be withdrawn at any time by contacting the school and/or sponsor.
6. In the event of medical emergency, I/We authorize the sponsor or chaperone in charge of the event/activity to seek emergency medical treatment for my child at my expense.

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of the above Student Club and/or Activity/Event..

□Granted □ Denied □ Granted with the following exceptions: _____ (Describe)

_____ Student Signature – Date (Optional for Elementary School)

_____ Parent/Guardian Signature– Date (Required for all)

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