



Family Membership Application

Free to all members:

Fun and Friendship, Education and Resources

*From simply surviving to truly thriving -
until cures are found!*



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Please review the enclosed material and complete the family application.

Please be sure you understand the Code of Conduct and Cancellation Guidelines.

Part 1: Overview

Bounce Program Pillars*

Each of Bounce's program pillars unites your family with other Bounce kids and families, both physically and virtually, to have laugh, to learn, to reduce frustration, to cope, and to thrive. Get ready to have fun, meet new people, and create lifelong friendships.

Bounce Bash™ Family Adventures: These events are designed to enable participation from all of your children, including those with complex medical needs. Your family and others come together to form an extended Bounce Family and experience a much-needed break from the reality of scary doctor visits, painful therapies, and the nasty side effects of treatment. Offered throughout the year at no cost to participants, Bounce Bashes provide face-to-face opportunities to feel safe, accepted and "normal" within the community as you get out of the house for fun and friendship. Join us for sporting and theater events, visit cultural landmarks, celebrate holidays and other special occasions, and participate in family activities together. Events range in size, location and type but each is specially designed to accommodate the needs of medically fragile children, siblings, and parents, while keeping the focus on relieving stress and anxiety.

Bounce Academy™: *Bounce Academy* offers education sessions for you as parents/caregivers to enhance your abilities to cope financially, intellectually, emotionally and psychologically—all while your children are supervised close by, safe and entertained so that you don't have to worry about leaving them at home.

Bounce Net™: *Bounce Net* is a space online for you as parents/caregivers to form a virtual community of shared support. Join our private Facebook Group today and start sharing resources, comparing notes, and bolstering one another whenever and wherever. Bounce Net also provides access to *Bounce It Forward* shared ticket opportunities for your family.

Bounce It Forward™: *Bounce It Forward* invites individuals and organizations to "pay it forward" by donating unused tickets to sporting, theatre and other events for use by your family. Enjoy unexpected moments of fun, and restore the spirit and optimism of everyone in your family experiencing the negative emotional impact of frequent medical intervention.

Bounce Back Kits™: These fun-filled kits are sent to your family in times of serious medical intervention or to recognize important milestones, holidays or birthdays in the family. These spirit-boosting packages include things items board games, videos, coupons for a movie rental and pizza, arts & craft kits and decorations, and more.

*Subject to availability.



Part 2: Code of Conduct & Cancellation Guidelines

Bounce Bash, Bounce Academy, Bounce Net, Bounce It Forward, Bounce Back Kits, and all future Bounce programming (collectively, the “*Bounce Programs*”) are key parts of the Bounce community. Bounce staff and volunteers are fully committed to creating positive experiences for all participants. As such, all participants are expected to adhere to the following guidelines:

- Treat others with respect, courtesy and consideration, and require the same for yourself and your family from other families, guests, staff and volunteers.
- Use good judgment, act responsibly, and obey the rules of the venue/event/activity host. We want to be invited back!
- Refrain from consuming alcohol or smoking at events. Do not use profanity.
- Parents/guardians are responsible for all minors they bring to Bounce Programs.
- Dress appropriately for the situation.
- Cancellation Guidelines: Cancellation Guidelines exist to ensure that as many families as possible can take advantage of Bounce Programs. If a family has a confirmed reservation for a Bounce Program and does not show up without notifying Bounce, there is no way we can offer this opportunity to another family. As a result, there will be empty spots and wasted money. Most importantly, an opportunity for a family to have fun and connect with the Bounce community will be missed.
 - Once your Bounce Program reservation is confirmed, it will be held for your family and only your family. If you wish to cancel your reservation, you must do so at least 72 hours before the event to allow time for Bounce staff to backfill the reservation.
 - If your family has an emergency within the 72 hour cancellation window (i.e., sick family member, hospitalization, death in the family, etc.) that prevents you from attending, please immediately notify Bounce by calling 844-6-BOUNCE or by emailing info@BounceChildrensFoundation.org. Please include the following information:
 - Event Name and Date for which your family is confirmed
 - First and Last Name of Bounce Child
 - Total number of people in your reservation
 - Reason for cancellation that constitutes an emergency
 - If your family has a confirmed reservation and you do not cancel, you will be given ONE strike. If your family receives THREE strikes within a year, you will not be allowed to attend any additional Bounce Programs for at least one calendar year, with future participation being allowed at the sole discretion of Bounce.
- Please follow cancellation guidelines to avoid being prohibited from attending future events.



Part 3: Membership Agreement

NOTE: Families cannot participate until they have completed, signed and returned Parts 3-6.

The following Bounce Family Membership Agreement (the "Agreement"), which I am completing on behalf of myself and any participating family members, will remain in full force and effect and may be relied upon by Bounce Children's Foundation ("Bounce") until such time as I notify Bounce in writing of any changes or updates:

- 1) **Participation in Bounce Programs:** I, the undersigned, as a participant in any Bounce activities, including but not limited to, *Bounce Bash* family adventure, *Bounce It Forward* ticket sharing opportunity, *Bounce Academy* educational session, *Bounce Net* program/resource, *Bounce Back Kit*, and/or other future Bounce programming (collectively, the "Bounce Programs") or a parent or legal guardian of a participant under 18 years of age, understand that participation in Bounce Programs is voluntary and any injuries that are sustained to my person and/or my property, including but not limited to personal injuries, including death, theft and/or damage to my property while participating in any and all activities associated with Bounce Programs shall be my sole responsibility. If the undersigned is the parent or guardian of a minor child, the undersigned agrees to defend, indemnify and hold Bounce, its affiliates and each of their respective officers, directors, members, employees, agents, representatives and their respective successors, or assignees (collectively, the "Bounce Releasees") harmless from any failure of the child to fully comply with this Agreement or any attempt by any party to disaffirm or challenge this Agreement.
- 2) **Permission to Disclose Medical Condition:** I, the undersigned, grant Bounce the right to disclose the nature of my child's/children's/ward's/wards' (as appropriate) medical condition(s) to the extent necessary or desirable in the preparation, fulfillment and execution of all activities associated with Bounce Programs.
- 3) **Release, Waiver and Indemnity:** I, the undersigned, irrevocably waive, release and discharge any and all claims that the undersigned, and my child/children/ward/wards (as applicable) now have or may, in the future, have against Bounce and/or Bounce Releasees, including any and all claims, arising in law or equity, for damage or injury, whether or not caused by the negligence or gross negligence of Bounce and/or any of the Bounce Releasees, arising out of, or relating to, this Agreement (including, without limitation, any participation in any Bounce Programs or any related functions or activities), together with any costs, including attorney's fees, incurred as a result of such a claim ("Released Matters"). This release has been executed voluntarily and knowingly by the undersigned and extends to all claims against Bounce and/or any of the Bounce Releasees, whether known or not known.

The undersigned agrees to indemnify and hold harmless Bounce and/or any of the Bounce Releasees against any and all claims, demands or causes of action that the undersigned (and my child/children/ward/wards if the undersigned is a parent or guardian) or any one or more of my or our executors, administrators, heirs, next of kin, successors, or assigns, or any third party, may assert that are in any way connected with the Released Matters, and against any costs and expenses, including attorney's fees, with respect thereto. Such indemnification will extend to any claim asserted by others against the undersigned (and my child/children/ward/wards if the undersigned is a parent or guardian) that also names Bounce Releasees.



4. **Representations and Warranties:** I, the undersigned, as a participant in Bounce Programs, or as a parent or legal guardian of a participant under 18 years of age, make the following representations and warranties to Bounce:

a) I have made a true and full disclosure of my or my minor child/children/ward/wards (as applicable) medical condition(s) to Bounce;

b) I will notify Bounce if and when my or my minor child/children/ward/wards (as applicable) medical condition(s) should deteriorate at any time prior to completion of participation in Bounce Programs;

c) I am carrying, or during the duration of Bounce Programs shall be carrying, full and adequate medical insurance, including any additional coverage which may be required as a result of my or my minor child/children/ward/wards (as applicable) participation in Bounce Programs, or I assume the risk and personal responsibilities of failing to carry adequate medical insurance;

d) In requesting Bounce to allow myself and my minor child/children/ward/wards (as applicable) to voluntarily participate in Bounce Programs, I am not relying upon, nor have I received, any counsel or advice from Bounce with respect to the advisability of, or the risks attendant to, the Bounce Programs.

5. **Governing Law:** This Agreement shall be governed, construed, and enforced in accordance with the laws of the State of Illinois, without regard to its conflict of law rules.

6. **Electronic Copies:** The undersigned agrees that an electronic copy of an original signature shall be treated in all manner and respects as an original signature and shall have the same full force and effect in law or equity as the original signature. The undersigned agrees that Bounce reserves the right to retain all membership agreement information electronically.

7. **Miscellaneous:** This agreement is binding on all heirs, executors, next of kin, successors, representatives, and assigns of each and all the parties hereto. This Agreement can only be modified by a writing signed by Bounce.

IMPORTANT: BY SIGNING BELOW, I AFFIRM THAT I HAVE READ AND UNDERSTOOD THE FOREGOING MEMBERSHIP AGREEMENT AND THE BOUNCE PROGRAMS GUIDELINES AND AGREE TO BE BOUND BY THEIR TERMS.

Date: _____

Parent/Guardian 1 Signature: _____ Print First/Last Name: _____

Parent/Guardian 2 Signature: _____ Print First/Last Name: _____

Bounce Child(ren) First & Last Name(s): _____

Non-Bounce Child 1 First & Last Name: _____

Non-Bounce Child 2 First & Last Name: _____

Non-Bounce Child 3 First & Last Name: _____



Part 4: Bounce Family Membership Application

Please complete one application completely and legibly for each Bounce child you wish to enroll.

A. PARENT/GUARDIAN INFORMATION:

Parent 1 First Name: _____ Parent 1 Last Name: _____

Parent 2 First Name: _____ Parent 2 Last Name: _____

Address: _____

City, State, Zip Code: _____ County: _____

Cell Phone: _____ Home Phone: _____

You must supply an email for your application to be processed. If you do not have an email, please provide a friend/family member's email as all Bounce Invitations, Announcements and Updates are sent via email.

Primary Email: _____

Secondary Email: _____

B. BOUNCE CHILD INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: _____ Sex: Male: _____ Female: _____

Allergies or Dietary Requirements: _____

Wheel Chair Rider: Y N Additional Special Needs: _____

Specific Diagnosis: _____ Date Diagnosed: _____

Diagnosis Category (if known): _____

Hospital/Clinic: _____ Primary Physician: _____

Physician Phone Number: _____ Date of Last Treatment: _____



Current Medical Condition: _____

Cognitive Age:

Infant/Toddler (0-2 years) _____

School Age (6-12 years) _____

Pre-school (3-5 years) _____

Adolescent (13-19 years) _____

Approx. # of hospital admissions last year: _____ Approx. # of days in hospital last year: _____

Approx. # of school days missed last year: _____

C. HOUSEHOLD MEMBER INFORMATION:

Bounce Programs are for immediate family members only. Due to the great demand for Bounce Programs, we are not able to accommodate requests for non-immediate family members such as aunts, uncles, cousins, friends, etc. Special exceptions may be granted, upon written request, for a relative who lives in the house with your Bounce child and your immediate family on a permanent, full-time basis. Only family members listed below will be eligible for Bounce Programs.

Last Name	First Name	Relationship to Bounce Child	Sex	Date of Birth	Wheelchair Req'd
_____	_____	_____	M / F	_____	Always / Sometimes
_____	_____	_____	M / F	_____	Always / Sometimes
_____	_____	_____	M / F	_____	Always / Sometimes
_____	_____	_____	M / F	_____	Always / Sometimes
_____	_____	_____	M / F	_____	Always / Sometimes
_____	_____	_____	M / F	_____	Always / Sometimes
_____ Total # of Adults		_____ Total # of Children			

Does your Bounce child require the assistance of a Nurse/Attendant to participate in Bounce Programs?

YES / NO

Please tell us about your family's hobbies, interests, etc. This will allow us to better plan events and identify which you may be interested in: _____



D. REFERRAL SOURCE:

Name: _____ Title: _____

Hospital/Organization (if applicable): _____

Phone: _____ Email: _____

Date of Referral: _____

E. DEMOGRAPHIC INFORMATION:

PLEASE NOTE THIS INFORMATION AIDS OUR FUNDRAISING EFFORTS. YOUR ANSWERS WILL **NOT** IMPACT YOUR ACCEPTANCE INTO THE BOUNCE COMMUNITY OR ANY OF ITS PROGRAMS.

Ethnicity: _____ Alaskan Native _____ American Indian _____ Asian
(check all that apply) _____ Black/African American _____ Hispanic/Latino _____ Pacific Islander
_____ White/Caucasian _____ Other

Household Income: _____ Less than \$15,000 _____ \$15,000 - \$25,000 _____ \$25,000- \$35,000
_____ \$35,000 - \$45,000 _____ \$45,000 - \$55,000 _____ over \$55,000

F. SIGNATURE:

Please sign and date to verify that the above information is correct and that you have read and agree to abide by the Code of Conduct and Cancellation Policy.

Signature: _____

Printed Name: _____ Date: _____

Bounce Children's Foundation is committed to protecting the privacy and confidentiality of personal information collected from our members. The information you have provided will be used to design and deliver programs and services and to keep you informed and up-to-date on how we can help your family. As set forth in the Membership Agreement, Bounce reserves the right to retain all membership information electronically.

FOR BOUNCE INTERNAL USE ONLY:

Date Rec'd: _____ Date entered into DB: _____ Date Welcome Info Sent: _____

Application Complete? Y or N Missing Information: _____ Processed by: _____



Part 5: Photo/Video Release Form



Grant of Right of Publicity: In consideration of Bounce Children’s Foundation’s (“Bounce”) fulfillment of *Bounce Bash*, *Bounce It Forward* ticket sharing, *Bounce Academy*, *Bounce Net*, *Bounce Back Kits*, and all future programs (collectively, the “Bounce Programs”), I, as the undersigned participant, or as a parent/legal guardian of a participant(s) under 18 years of age, together, and each of them individually, hereby irrevocably grant to Bounce all rights of all kind and character whatsoever in all media and languages now known or hereafter devised throughout the universe in perpetuity to use my and/or my minor child/children/ward’s (as applicable) names or voices, as well as any photographs, videos, biographies, and likenesses of me and/or my minor child/children/ward that Bounce may create or have in its possession in such manner as Bounce deems appropriate (including, but not limited to, commercial, advertising, fundraising, and promotion purposes). I agree that Bounce and its authorized representatives have the right to reproduce, prepare derivative works of, distribute or display and use these materials in whole or in part in any manner or media (whether now existing or created in the future). I waive the right to inspect or approve any use of the material and any right to royalties or other compensation arising or related to the use of the material. I agree to indemnify, hold harmless, and release and forever discharge Bounce from all claims, demands, and causes of action which I or any other persons active on my behalf have or may have by reason of this authorization.

NOTE: Restricting photo/video use may prevent your family from being invited to certain Bounce Programs. If you wish to limit or restrict Bounce’s right of publicity in any way, you must place your initials in the spaced provided below.

This Publicity Release is limited in the following respects:

() Publication of photos, videos, or other identifying information is prohibited. In choosing to prohibit publication of photos or other identifying information, I understand that this will restrict my family’s attendance at certain Bounce Programs at Bounce’s unilateral discretion.

IMPORTANT: BY SIGNING BELOW, I AFFIRM THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE FOREGOING AGREEMENT. I IRREVOCABLY GIVE CONSENT TO BOUNCE FOREVER TO MAKE USE OF MY IMAGE AND LIKENESS, FIRST NAME, BIOGRAPHY, APPEARANCE AND VOICE IN PHOTOGRAPHS, VIDEOS, INTERVIEWS, AND SOUND RECORDINGS IN MATERIALS INCLUDING, BUT NOT LIMITED TO, WEBSITES, BROCHURES, DONOR RECOGNITION MATERIALS, SOCIAL MEDIA, NEWSLETTERS, LETTERS AND MAILINGS.

Children’s Name(s): _____

Parent/Guardian Signature: _____ Print First/Last Name: _____



Part 6: HIPAA Authorization for Use/Disclosure of Protected Health Information

TO: _____ (“Physician”)

RE: _____ (“Patient”) _____ (Patient’s Date of Birth)

I authorize the use and disclosure to Bounce Children’s Foundation (“Bounce”) or any of its representatives of protected health information about the Patient, as described below.

1. Information that may be used/disclosed: All protected health information relating to the Physician’s assessments of whether the Patient is medically eligible for Bounce’s services. In addition, the Physician is authorized to fill out, sign and provide to Bounce any medical information that Bounce may require.

I specifically authorize my physician to disclose the following information to Bounce or its representatives to the extent necessary for Bounce to determine that the Patient is eligible for Bounce’s services:

- a. _____ HIV/AIDS related health information/records
 - b. _____ Behavioral or mental health information/records
 - c. _____ Drug/alcohol diagnosis, treatment, referral information
 - d. _____ Genetic testing information/records
2. Persons authorized to use/disclose information: The Physician identified above, as well as his/her authorized representatives.
 3. Persons authorized to receive information: Employees or other authorized representatives of Bounce.
 4. Purpose for which information will be used/disclosed: To enable Bounce to obtain: (a) the Physician’s assessments regarding whether the Patient is medically eligible to participate in programs offered by Bounce and (b) pertinent information relating hereto.
 5. This authorization expires (date): _____. If not specified, this release will expire 1 year after the date of signature (date):_____.



6. Statements required by HIPAA: In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following:
- a. I understand that I have the right to inspect and copy the information I have authorized to be disclosed by this authorization. In the event I refuse to authorize the release of the above-described information, I understand that it will not be disclosed, except as provided by law.
 - b. I understand that I may refuse to sign this authorization and that my refusal to do so will not affect my ability to obtain treatment or payment or eligibility for benefits from the Physician or medical provider; and
 - c. I understand that if the person or entity receiving the information described above is not a health care provider or health plan covered by federal privacy regulations, such information may be re-disclosed and no longer protected by these regulations. However, the recipient may be prohibited from disclosing mental health, substance abuse or AIDS-related information under the Federal Substance Abuse Confidentiality Requirements, the Illinois Mental Health and Developmental Disabilities Confidentiality Act and the Illinois AIDS Confidentiality Act.
 - d. I understand that this authorization is valid until it expires, unless revoked before that.
 - e. I understand that I may revoke this authorization at any time by giving written notice to the Physician, with a copy to Bounce, of my desire to do so. I also understand that I will not be able to revoke this authorization in cases where the Physician has already relied on it to use or disclose my health information. Written revocation must be sent to the Physician's office and to Bounce headquarters.

Signature of Patient, Legal Representative, or Parent/Guardian, if under 18 years of age

Printed Name of Patient, Legal Representative, or Parent/Guardian, if under 18 years of age

Relationship to Patient

Date



Please return completed forms by *email, fax or mail* to:

New Member Services

Bounce Children's Foundation

Confidential Email: info@bouncechildrensfoundation.org

Confidential Fax: 844-6-BOUNCE (844-626-8623)

Mailing Address: 255 Birchwood Ave. | Deerfield, IL 60015

Have Questions?

844-6-BOUNCE (844-626-8623)

info@bouncechildrensfoundation.org

Want More Information?

www.BounceChildrensFoundation.org

www.facebook.com/BounceChildrensFoundation

