



## Family Membership Application

---

*Move from Simply Surviving to Truly Thriving*

*~ Until Cures are Found!*

# Bounce Family Membership Application

Part 1: Bounce Basics

Part 2: Code of Conduct, Cancellation Guidelines, Thank You Policy, & Three Strike Policy

Part 3: Membership Agreement

Part 4: Membership Application

Part 5: Photo/Video Release Form

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

## Part 1: Bounce Basics

**Building community for chronically ill children, and their families,  
enabling transformation from surviving to thriving  
~ until cures are found.**

Bounce looks forward to welcoming your entire family: Bounce Child (your child(ren) battling chronic illness); Bounce Siblings (his and/or her healthy brothers/sisters); and Bounce Parents (You!) to our extended family.

With Bounce fun and friendship replace pain, fear, and isolation. Our programs are designed to unite your family with other Bounce kids and families, both physically and virtually, to have laugh, to learn, to reduce frustration, to cope, and to build resiliency, so you can *all* thrive. Membership is 100% FREE for all Bounce members and your family is part of our family until your Bounce child reaches adulthood.

Please take ~10 minutes to complete this application and return it to us. For questions: 844-6-BOUNCE or [Info@BounceChildrensFoundation.org](mailto:Info@BounceChildrensFoundation.org). We'll review your application within a week of receipt and email you.

Get ready to:

- Have Fun
  - Be Seen, Heard and Understood
    - Feel Stronger and More Hopeful
      - Create Lifelong Friendships
        - ...and Belong!

## **BOUNCE PROGRAMS:**

### **Bounce Bash™: from every-day, to once-in-a-lifetime, family adventures**

Get your family out of the house, have fun together, maybe even make a new friend - and leave the coordinating to us! *Bounce Bash™* family adventures offer fun for all attendees and are specially designed to enable the participation of children with complex medical needs. While your Bounce child gets a much-needed break from his/her reality of scary doctor visits, painful therapies, and the grueling side-effects of treatment, your healthy kids will also discover they are not alone in their journey, and you'll get some 'downtime', too!

### **Bounce It Forward™: unexpected fun for the whole family**

You can't plan six months in advance – or sometimes even six weeks ahead. So we've tapped into a network of generous individuals/organizations who 'pay it forward' by donating excess tickets. Now you and your family can attend popular events, including major league sports, theater and other unique productions, that you otherwise might miss. *Bounce It Forward™* surprise outings provide unexpected fun, restore optimism, and create amazing memories.

### **Bounce Back Kits™: boredom busting distraction for your entire family**

When 'doctor's orders' or medical necessity has your family 'locked-in' at home, boredom, frustration and anxiety quickly set in – for everyone. Break up the monotony and combat 'cabin fever' with fun-filled, spirit-boosting, and resilience building care packages. Holiday themed kits will automatically be sent to you. Those celebrating milestones or providing an extra boost during a rough patch can be requested at any time. Offering 'inspiration-in-a-box' for the entire family, kits include items such as: games; books; videos; arts & crafts; STEM projects; gift cards; recipes; decorations; and more.

### **Bounce Academy™: “strength training” for your coping skills**

Invest in the resiliency you need to hold yourself, and your family, together. While there is no 'magic wand' for navigating the challenges of your child's illness, targeted skill building can dramatically help. *Bounce Academy™* brings together experts on emotional, intellectual, psychological, and financial coping. Don't want to leave your children at home to attend? Bring them along. Bounce provides fun activities that encourage coping and foster resiliency for Bounce children and siblings as well. At last, a way to strengthen your reserves, connect with others like you, and keep your little ones safe, entertained and close by, all at once.

### **Bounce Net™: your 24x7x365 connection and safety net**

Need to connect on the run? Our safe, private online community, exclusively for Bounce parents, is always on - ensuring connection when and where you need it most. Celebrate a 'win', ask a question, help another parent cope, get advice, share resources, compare notes, or just plain 'vent' with other Bounce parents. Bounce also posts *Bounce Bash™* invites, *Bounce It Forward™* ticket opportunities, and access to *Bounce Academy™*, so everything you need is in one place – and only a few clicks away.

## Part 2: Code of Conduct, Cancellation Guidelines, Thank You Policy, & Three Strike Policy

*Bounce Bash™*, *Bounce It Forward™*, *Bounce Back Kits™*, *Bounce Academy™*, *Bounce Net™*, and all future programming (collectively, “*Bounce Programs*”) are key parts of the Bounce community. Bounce is committed to creating positive experiences for all and to ensuring as many members as possible enjoy *Bounce Programs*. All Bounce members are expected to adhere to:

### 1. **CODE OF CONDUCT:**

- Treat all others with respect, courtesy, and consideration. 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.
- Refrain from consuming alcohol or smoking at events.
- Do not use profanity or language inappropriate to a family friendly environment.
- Parents/guardians are responsible for all minors they bring to Bounce Programs.
- Dress appropriately for the situation.

### 2. **CANCELLATION GUIDELINES:**

- Once a *Bounce Program* reservation is confirmed, it will be held exclusively for your family.
- If you need to cancel your reservation, you must do so **at least 72 hours before the event** to allow time for Bounce to backfill your reservation.
  - If a family has a confirmed reservation, fails to attend, and does not notify Bounce of their cancellation at least 72 hours in advance, Bounce cannot offer this opportunity to another family. Empty spots and wasted money will result. Most importantly, an opportunity for another family to have fun and connect will be missed.
- **If your family has an emergency within the 72 hour cancellation window (i.e. illness, hospitalization, death in the family, etc.) and cannot attend, you must notify Bounce immediately by calling 844-6-BOUNCE (844-626-8623) with the following information:**
  - Event Name and Date
  - First and Last Name of Bounce Child
  - Total number of people in your reservation

### 3. **THANK YOU POLICY:**

- Select Bounce programs require participants to assist in thanking donors. This includes, but is not limited to, *Bounce It Forward™*.

### 4. **THREE STRIKE POLICY:**

- If your family has a confirmed reservation for a *Bounce Program*, fails to attend the event, and does not follow the Cancellation Guidelines, #2 above, or if your family does not comply with the Thank You Policy, #3 above, your family will be given **one strike**. If your family receives **three strikes** within a year, you will not be able to attend any/all *Bounce Programs* for at least one calendar year, with future participation being allowed at the sole discretion of Bounce.

## Part 3: Membership Agreement

***NOTE: Families cannot participate in Bounce Programs 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 Kits™*, 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: \_\_\_\_\_

Bounce Child - First & Last Name: \_\_\_\_\_

Bounce Sibling 1 - First & Last Name: \_\_\_\_\_

Bounce Sibling 2 -First & Last Name: \_\_\_\_\_

Bounce Sibling 3 - First & Last Name: \_\_\_\_\_

Bounce Sibling 4 - First & Last Name: \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_

Print First/Last Name: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_

Print 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 at least one email. 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.

Parent 1 Email: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

### B. BOUNCE CHILD INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_ Year Diagnosed: \_\_\_\_\_

Diagnosis Category (please check all that apply):

- AIDS/Immunological   
  Blood Disorders   
  Burns   
  Amputee  
 Cancer   
  Cardiac   
  Diabetes/Endocrine   
  Gastro Intestinal   
  Genetic Disorders  
 Neurological   
  Orthopedic   
  Neurological   
 Other: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_ Date of Last Treatment: \_\_\_\_\_

Allergies or Dietary Requirements: \_\_\_\_\_

Wheel Chair Rider: YES / NO Additional Special Needs: \_\_\_\_\_

Does your child require the assistance of a Nurse/Therapist to participate? YES / NO

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. Based on high demand, we are not able to accommodate 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 immediate family on a permanent, full-time basis. Only family members listed below will be eligible for *Bounce Programs*. **Please include your Bounce child on the list below. Date of Birth is required for all children (MM/DD/YY) and adults (MM/DD).**

<u>Last Name</u>	<u>First Name</u>	<u>Relationship to Bounce Child</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____
_____	_____	_____	M / F	_____

Total # of Adults in the Family \_\_\_\_\_ Total # of Children in the Family \_\_\_\_\_

Please tell us about your family's hobbies and interests so assist our event planning:

---

**D. REFERRAL SOURCE:**

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

Hospital/Organization (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**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

(check all that apply):

Alaskan Native       American Indian       Asian  
 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, Cancellation Guidelines & Three Strike 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 INTERNAL USE ONLY:**

Date App. Signed: _____	Date Rec'd: _____	Date Processed: _____
App. Complete? Y / N	Info Missing: _____	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: \_\_\_\_\_ Date: \_\_\_\_\_

## 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:***

**Confidential Email:**

[Info@BounceChildrensFoundation.org](mailto:Info@BounceChildrensFoundation.org)

**Confidential Fax:**

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

**Mailing Address:**

New Member Services  
Bounce Children's Foundation  
255 Birchwood Avenue | Deerfield, IL 60015

**Questions?**

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

[Info@BounceChildrensFoundation.org](mailto:Info@BounceChildrensFoundation.org)

**More Information?**

[www.BounceChildrensFoundation.org](http://www.BounceChildrensFoundation.org)

[www.Facebook.com/BounceChildrensFoundation](http://www.Facebook.com/BounceChildrensFoundation)

