



Family Membership Application

*transforming the lives of chronically ill children,
and their families, from surviving to thriving*

		@BounceChildrensFoundation
		@Bounce_CF
		Info@BounceChildrensFoundation.org
		844-6-BOUNCE (844-626-8623)
		www.BounceChildrensFoundation.org

Part 1: Bounce Overview & Benefits

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

Our programs will unite your family and connect it to others, both in-person and virtually, to laugh, learn, reduce frustration, cope, and build resiliency - so everyone can thrive. Membership includes all programs noted below and is 100% FREE. Your family is part of the Bounce community until your Bounce Kiddo reaches adulthood. Get ready to:

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

Part 2: Programs included in your FREE Membership

Bounce Bash®: from every-day, to once-in-a-lifetime, family adventures

Get out of the house, have fun, make new friends - and leave the coordinating to us! Our events are fun for all and specially designed to enable the participation of children with complex medical needs. Kiddos get a much-needed break from their medical reality. Siblings discover they are not alone in their journey, and YOU get some 'downtime'!



Bounce It Forward®: unexpected fun for the whole family

You can't plan six months – or sometimes even six days - ahead. So, we've tapped our network of generous individuals/organizations to 'pay it forward' by donating excess tickets. Now your family can attend sports, theater, concerts, and cultural events, that you otherwise might miss. Enjoy unexpected fun, a boost of optimism, and amazing memories.



Bounce Back Kits®: boredom busting distraction for your entire family

When doctor's orders or medical necessity has your family 'locked-in', boredom, frustration and anxiety quickly set in – for everyone. Break up the monotony and combat 'cabin fever' with fun-filled, spirit-boosting, resilience-building care packages. 'Inspiration-in-a-box' for the entire family.



Bounce Academy®: "strength training" for your coping skills

Invest in the resiliency required to hold yourself, and your family, together. There's no 'magic wand' for navigating the challenges of your child's illness, but targeted emotional, intellectual, psychological, and financial skill building helps. Can't leave your kids home? Bring them along for fun activities that encourage coping and foster resiliency.



Bounce Net®: your 24x7x365 connection and safety net

Our private, safe, 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, even 'vent'. Bounce also posts important updates so everything you need is in one place – only a few clicks away.



Please Initial and Date:

Part 3: Membership Rules

To create positive experiences for all families and to maximize membership participation, members must adhere to:

1. CODE OF CONDUCT:

A. General 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.

B. *Bounce Net*® Code of Conduct and Posting Guidelines: All members using *Bounce Net*® must agree to abide by the following posting rules to maintain our private, safe, online community:

- Behave and communicate on *Bounce Net*® in accordance with the General Code of Conduct set forth above in Part 3, section 1(A), including but not limited to prohibitions on the use of profanity and other language inappropriate to a family friendly environment.
- Refrain from posting any fundraisers in support of other organizations or individual causes, including any link to such fundraisers hosted on another website.

2. CANCELLATION GUIDELINES:

- Once a *Bounce Program* reservation is confirmed, it will be held exclusively for your family.
- You must cancel reservations **at least 72 hours before the event to** allow time to backfill your reservation.
 - o 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
 - Reason for emergency cancellation



3. THREE STRIKE POLICY:

- If your family confirms a reservation for a Bounce Program event and fails to attend, without following the Cancellation Guidelines, #2 above, your family will be issued **one strike**. If your family accumulates **three strikes** during your Bounce Membership, your family will no longer be able to attend Bounce Programs events with future membership in the Bounce Community allowed at the sole discretion of Bounce.
- If your family does not comply with the Thank You Policy, #3 above, above, your family will be issued **one strike**. If your family accumulates **three strikes** during your Bounce Membership, your family will no longer be able to attend Bounce Programs events with future membership in the Bounce Community allowed at the sole discretion of Bounce.

4. THANK YOU POLICY:

- *Bounce it Forward*® program requires participants to assist in thanking donors, when asked to do.

Please Initial and Date:



Part 4: Membership Agreement



This Bounce Family Membership Agreement (the “Agreement”), which I am completing on behalf of myself and all 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.

I, the undersigned, as a participant in or spouse of a participant in *Bounce Net*®, or as a parent or legal guardian of such a participant under 18 years of age, understand that all members of my Household (as defined in Part 5, section 3 of this application), in their participation in *Bounce Net*®, must conduct themselves according to the Code of Conduct in Part 3, section 1(B). I understand that the *Bounce Net*® community will be monitored daily and that any post that does not align with the Code of Conduct may be removed and reported to the Chief Executive Officer of Bounce. I further understand that under such circumstances, the CEO will direct further action as necessary, including the potential prohibition of the undersigned or any other member(s) of my Household from participating in *Bounce Net*® as members under 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, or any member of my Household, as defined in Part 5, section 3 of this application, 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 or any member of my Household, 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 me 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 me 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. COMMUNICATIONS: The undersigned agrees that Bounce can communicate with their family electronically, including, but not limited to, email, fax, phone call, and text message. To opt out, at any time, text STOP to 844-626-8623 or email UNSUBSCRIBE to info@BounceChildrensFoundation.org

8. 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.



Please Initial and Date:

Part 5: Membership Application

Please take ~10 minutes to complete this application completely and legibly.
For questions/concerns: 844-6-BOUNCE or info@BounceChildrensFoundation.org

1. PARENT/GUARDIAN INFORMATION:

Parent 1 First Name: _____ Parent 1 Last Name: _____
(Primary Contact)

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

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Parent 1 Mobile Phone: _____ Parent 2 Mobile Phone: _____

Home Phone: _____

You must supply at least one email as all invitations, announcements and updates are sent via email.

Parent 1 Email: _____

Parent 2 Email: _____

Currently our *Bounce Net* online community is administered as a private Facebook group. To expedite admittance, please provide the Facebook username(s) that your family will be using.

Facebook Username 1:

Facebook Username 2:

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

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

Step Parent 1 Mobile Phone: _____ Step Parent 2 Mobile Phone: _____

2. BOUNCE KIDDO INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: _____

Male (M):	<input type="checkbox"/>	Trans Female (TF):	<input type="checkbox"/>
Female (F):	<input type="checkbox"/>	Non-Binary (NB):	<input type="checkbox"/>
Trans Male (TM):	<input type="checkbox"/>	Prefer Not to Say:	<input type="checkbox"/>

Primary Diagnosis: _____ Year Diagnosed: _____

Secondary Diagnosis: _____ Year Diagnosed: _____

Diagnosis Category (please check all that apply):

- | | | | | | |
|---|---|---|--|--------------------------------------|---|
| <input type="checkbox"/> AIDS/Immunological | <input type="checkbox"/> Amputee | <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Burns | <input type="checkbox"/> Cancer | <input type="checkbox"/> Organ Transplant |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Diabetes/Endocrine | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Genetic Disorders | | |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Neurological | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Other _____ | |

Rare Disease: YES / NO

Primary Hospital/Clinic: _____

Additional Hospital/Clinic: _____

Wheelchair Rider: YES / NO J-tube/G-tube: YES / NO Blind: YES / NO

Trach: YES / NO Ventilator: YES / NO Deaf: YES / NO

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

Allergies: _____

Dietary Requirements/Restrictions: _____

Additional Special Needs: _____

Cognitive Age:

- | | | | |
|----------------------------|--------------------------|------------------------|--------------------------|
| Infant/Toddler (0-2 years) | <input type="checkbox"/> | Pre-school (3-5 years) | <input type="checkbox"/> |
| Elementary (6-10 years) | <input type="checkbox"/> | Tweens (11-12 years) | <input type="checkbox"/> |
| Early Teens (13-15) | <input type="checkbox"/> | Late Teens (16+) | <input type="checkbox"/> |

3. HOUSEHOLD MEMBER INFORMATION:

For purposes of this agreement, “Household” means the undersigned and all individuals listed below in this section.

Bounce Programs are for immediate family members living in the same household. 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 enrolled and permitted to participate in *Bounce Programs*.

Please list all family members in your Household, including your Bounce Kiddo 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 Kiddo</u>	<u>Gender:</u>	<u>DOB: MM/DD/YY</u>
_____	_____	KIDDO	M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____
_____	_____		M/F/TM/TF/NB	_____

Please tell us about your family’s hobbies and interests to assist our event planning:

4. REFERRAL SOURCE:

How did you learn about Bounce?

Hospital/Healthcare Partner
 Bounce Family
 Individual/Other
 Internet
 Social Media
 Billboard
 Radio
 Other: _____

Name of Person Who Referred Your Family: _____

Hospital/Organization (if applicable): _____

Phone: _____ Email: _____

5. 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.

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

Ethnicity (check all that apply):

 _____ Alaskan Native _____ American Indian _____ Asian
 _____ Black/African American _____ Hispanic/Latino _____ Pacific Islander
 _____ White/Caucasian Other: _____

6. SIGNATURE:

Please sign and date to verify that you have read and understood all 5 Parts, agree that you and all members of your Household (as defined in Part 5, section 3 of this application), will be bound by the rules and guidelines in Part 3 (Code of Conduct, Cancellation Guidelines, Three Strike Policy, Thank You Policy) and the membership agreement in Part 4, and that the information provided is accurate in Part 5.

Date: _____

Parent/Guardian Signature: _____

Print First/Last Name: _____

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 Received: _____ Date Processed: _____ Processed by: _____
App. Complete? Y / N Info Missing: _____

Part 6: 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, 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, on behalf of all members of my Household (as defined in Part 5, section 3 of this application) 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 the names or voices, as well as any photographs, videos, biographies, and likenesses of any member of my Household 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, or any member of my Household, have or may have by reason of this authorization or as a result of such individual’s participation in Bounce Programs.

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, do not sign this form.

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 HOUSEHOLD MEMBERS’ IMAGES AND LIKENESSES, FIRST NAMES, BIOGRAPHIES, APPEARANCES AND VOICES 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: _____

Please return completed application by email, fax or mail to:

Confidential Email:

Info@BounceChildrensFoundation.org

Confidential Fax:

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

Mailing Address:

Bounce Children’s Foundation
92 Messner Drive | Wheeling, IL 60090

