



## Participant Information and Agreement

### Participant Information

Today's Date \_\_\_\_\_

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

School Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Parent/Guardian Information

Mother/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Please fax or email the completed form to: 919-246-9100 or [info@bouncebackkids.org](mailto:info@bouncebackkids.org)

BounceBack Kids, 1289 Fordham Blvd #317, Chapel Hill, NC 27514 [www.bouncebackkids.org](http://www.bouncebackkids.org)



**Participant Name** \_\_\_\_\_

**Emergency Contact Information**

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

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

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

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

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

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

**Authorized Pick-Up Information** (anyone authorized to pick-up participant after activities- parent and/or guardian listed above not required to be listed below)

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

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

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

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

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

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

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**Participant's Health Information**

**Participant's Name** \_\_\_\_\_

BounceBack Kids will not release any information regarding your child or furnish copies of your child's medical records without your permission to do so unless medical personnel require this information in an emergency situation.

Diagnosis \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Specialist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Please list any physical or mental conditions your child has that may affect your child's ability to participate in BounceBack Kids activities:

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Please list your child's medications:

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Please list any food allergies or restrictions:

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**Medical History (Please check for "yes")**

German Measles \_\_\_\_ Measles \_\_\_\_ Mumps \_\_\_\_ Scarlet Fever \_\_\_\_ Chicken Pox \_\_\_\_

Pneumonia \_\_\_\_ Diabetes \_\_\_\_ Skeletal Fracture (if yes, where?) \_\_\_\_\_

Other: \_\_\_\_\_

**Immunization History**

Small Pox Vaccine (Mo./Yr.) \_\_\_\_\_ Diphtheria (Mo./Yr.) \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Vaccine \_\_\_\_\_

**Allergy History ((Please check for "yes"))**

Insect Stings \_\_\_\_ Asthma \_\_\_\_ Latex \_\_\_\_ Peanuts \_\_\_\_ Hives \_\_\_\_ Other \_\_\_\_\_

**Drug Reactions (Please check for "yes")**

Sulpha \_\_\_\_ Penicillin \_\_\_\_ Antibiotics \_\_\_\_ Other \_\_\_\_\_

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Participant's Name \_\_\_\_\_

BounceBack Kids is pleased to offer an opportunity for children with serious medical illnesses to experience high quality social, athletic and recreational opportunities. BounceBack Kids is committed to providing a positive experience and highly qualified, trained staff knowledgeable in the instruction and supervision of children. However, inherent in BounceBack Kids Activities is the possible risk of injury.

We ask that you read and sign the following consents and releases as part of our registration process.

Child's Name (Please Print) \_\_\_\_\_

**Acknowledgment of Risk/Hold Harmless**

I, the undersigned parent/guardian, of \_\_\_\_\_ (child's name) recognize the possible risks involved in providing social, athletic and recreational activities for my child. I agree that my child is authorized to participate in any and all officially administered, sponsored or sanctioned activities organized by BounceBack Kids. Further, I hereby release, discharge and otherwise indemnify BounceBack Kids, its sponsors, officers, directors, employees, volunteers and agents (the "BounceBack Kids Parties") against any claim by or on behalf of myself or my minor child as a result of my child's participation in any program or activity sponsored, coordinated, or supervised by BounceBack Kids. I also agree to release, discharge and agree to hold harmless and indemnify the BounceBack Kids Parties with respect to any medical expenses resulting from personal injuries sustained by the child while engaged in such activities or otherwise at BounceBack Kids Programs. I also understand that this that this release includes traveling to or from BounceBack Kids Programs.

**Assumption of Liability for Property Damage**

Parent/Guardian Initials \_\_\_\_\_

I understand that I, as parent and/or guardian of \_\_\_\_\_, (name of child) will be responsible for paying for any damage or destruction of property arising as a direct or indirect result of the actions of my child.

**Permission to Use Photograph or Likeness**

I irrevocably grant BounceBack Kids and its partners (as defined by BounceBack Kids) the right to use Participant's likeness, and the likeness of anyone associated with Participant, whether as a photo, in a videotape, recording or any other format, as well as any drawings, other works of art, or stories now or at any time in the future.

I understand and agree that BounceBack Kids may edit, use, reproduce and copyright any of these in all manner and media, including electronic and print media, with or without the Participant's or Participant's Associate, first name, age and/or description of his/her medical illness, and without the need to notify me before doing so.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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Participant's Name \_\_\_\_\_

**Carpooling**

If a parent or guardian is interested in carpooling, please complete the information and sign below. Your signature warrants that your motor vehicle is in safe condition and that you will comply with all state and local laws regarding the operation of your motor vehicle. Your signature authorizes BounceBack Kids to release your name and contact information to other participants of BounceBack Kids.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Consent for Medical Treatment, Waiver and Release**

Parent/Guardian Initials \_\_\_\_\_

I understand and acknowledge that on occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization or surgery to my child. Therefore, in event of injury or illness to my child which necessitates emergency medical or dental care, I hereby authorize BounceBack Kids, its staff and volunteers, to arrange any necessary emergency treatment including the administration of anesthetics and surgery to my child. I understand that prior notification of the parent/guardian will always be attempted, but that the care of my child may require action before I can be contacted. I also give my consent for any transportation deemed necessary, in the sole discretion of the BounceBack Kids staff, in connection with the treatment of my child. I also assume full financial responsibility for any and all medical, dental, hospital, transportation and other expenses incurred on behalf of my child related to my child's attendance at BounceBack Kids in connection with medical or other treatment, and acknowledge, agree and understand that BounceBack Kids shall not be liable for any such expenses. I understand that all information pertaining to my child will be treated as confidential by BounceBack Kids, but that such information may be shared with or released to appropriate personnel and/or third parties by BounceBack Kids for the purpose of treating my child. Finally, I agree to release BounceBack Kids, its sponsors, officers, directors, employees, volunteers and agents of any liability arising from the administration or rendering of medical care.

I have read and understand this Acknowledgment of Risk/Hold Harmless; Assumption of Liability for Property Damage; and Consent for Medical Treatment, Waiver, and Release.

I represent and warrant that I am a parent or legal guardian of the Child named above and have the full power and authority to enter into this Participant Agreement on behalf of the Child named above.. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate.

Name of Parent/Guardian of Child Listed Above (please print): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Child Will Abide By BounceBack Kids' Rules and Regulations**

My child agrees to abide by all BounceBack Kids rules and regulations while attending BounceBack Kids and will comply with all BounceBack Kids' staff instructions. My child understands that violation of the rules and regulations is grounds for immediate dismissal.

Signature of Child \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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