



Supplemental Sibling Application

Name of Participant _____

Mother/Guardian _____

Father/Guardian _____

Name of sibling _____ Birth date _____

Name of sibling _____ Birth date _____

Name of sibling _____ Birth date _____

Name of sibling _____ Birth date _____

Name of sibling _____ Birth date _____

Name of sibling _____ Birth date _____

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/ren's Names (Please Print All)

Acknowledgment of Risk/Hold Harmless

I, the undersigned parent/guardian, of _____ (child/ren's names) recognize the possible risks involved in providing social, athletic and recreational activities for my child/ren. I agree that my child/ren 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/ren as a result of my child/ren'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/ren 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.

Please fax or email the completed form to: 919-246-9100 or info@bouncebackkids.org

BounceBack Kids, 1289 Fordham Blvd #317, Chapel Hill, NC 27514 www.bouncebackkids.org



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Name of Participant _____

Assumption of Liability for Property Damage

Parent/Guardian Initials _____

I understand that I, as parent and/or guardian of

_____, (names of child/ren) 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/ren.

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/ren. Therefore, in event of injury or illness to my child/ren 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/ren. I understand that prior notification of the parent/guardian will always be attempted, but that the care of my child/ren 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/ren. I also assume full financial responsibility for any and all medical, dental, hospital, transportation and other expenses incurred on behalf of my child/ren related to my child/ren'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/ren 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/ren. 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/ren named above and have the full power and authority to enter into this Participant Agreement on behalf of the Child/ren 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/ren Listed Above (please print)

Signature of Parent/Guardian _____ Date _____

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 _____

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Child/ren Will Abide By BounceBack Kids' Rules and Regulations

My child/ren 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/ren understands that violation of the rules and regulations is grounds for immediate dismissal.

Signature of Child _____

Signature of Parent/Guardian _____

Signature of Child _____

Signature of Parent/Guardian _____

Signature of Child _____

Signature of Parent/Guardian _____

Signature of Child _____

Signature of Parent/Guardian _____

Signature of Child _____

Signature of Parent/Guardian _____

Signature of Child _____

Signature of Parent/Guardian _____

Permission to Use Photograph or Likeness

I irrevocably grant BounceBack Kids and its partners (as defined by BounceBack Kids) the right to use child/ren likeness, and the likeness of anyone associated with child/ren, 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 child/ren's or child/ren'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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