

Eligibility Checklist

To determine if your daughter is eligible to participate in the BOUNCE Program, please complete this checklist:

Check Yes or No

1. Are you, your husband, and your daughter of Hispanic or African American descent?
2. Will your daughter be between the ages of 9 and 14 years old on or before July 11th, 2016?
3. Do you think that your daughter is overweight or obese?
4. Can your daughter attend the BOUNCE Summer Program from: July 11th to August 5th, 2016, Monday-Friday from 9am-3pm?
5. Can you and/or your spouse attend the BOUNCE summer program for a weekly 2-hour session on Fridays from 1-3pm?
6. I understand we need to have our own transportation to participate.
7. I understand that my daughter must be free from suffering major physical disabilities (inability to walk), severe medical conditions (heart disease) or extensive dietary restrictions (unable to eat solid food).

Yes No

** Notes: (1) Although the cost of the program is \$250 per week per child, most families receive scholarships through current funding or pay on a sliding scale based on need, typically paying out of pocket in the range of \$25-\$50 per week/per child. (2) Lunch, and daily snacks are provided for children. **

The BOUNCE summer program will be held at: **The University of Houston – Downtown**
For more information about BOUNCE,

BOUNCE Summer Program, c/o Dr. Norma Olvera, UH Dept. Psychological, Health, and Learning Sciences,
University of Houston, 3657 Cullen Blvd, Rm 491, Houston, TX 77204-5029
<http://bounce.uh.edu>; Phone: (832) 842-5921; Fax: (713)743-9412



2016 Summer

Registration & Release Form

*Please fill out Eligibility Form first
(Must use a separate form for each applicant)*

Applicant's First Name: _____ Last Name: _____ MI: _____
Age (entering program): ____ DOB: ____/____/____ Grade entering Fall 2016: _____ T-shirt size: _____
Address: _____ City: _____ State: _____ Zip: _____
Mother/Guardian: _____ Home#: _____ Cell/pager#: _____
Mother's Employer: _____
Work#: _____ Email: _____
Father/Guardian: _____ Home#: _____ Cell/pager#: _____
Father's Employer: _____
Work#: _____ Email: _____
Child lives with: _____ Child's E-mail: _____

If parent cannot be reached, please provide an emergency contact.

Name: _____ Relationship: _____ Home#: _____
_____ Work#: _____ Cell/pager#: _____

All of the registration materials including the registration form, payment, physical exam form and any/all waivers must be submitted at the time of registration. If a registration packet is mailed in or received in the office incomplete the parent/guardian will be notified, the child will be placed on the waiting list and not guaranteed a spot until the remaining materials are received.

Statement regarding BOUNCE Summer Program: As the parent/guardian, I am fully aware of the recreational activities that my child will participate in while attending BOUNCE. These activities involve games, aerobic exercise, and sport activities both indoor and outdoor. Some examples include: kickboxing, high exertion dancing, yoga, circuit training, teambuilding games, and relays. These activities could involve high levels of exertion that might lead to shortness of breath or physical soreness. The University of Houston BOUNCE program will not be responsible for any injuries that occur while participating in the program.

Signature of Parent/Guardian: _____ Date: _____

DEADLINE:
All completed forms must be received by June 1st, 2016.

Medical History Form

(Must use a separate form for each applicant)

Applicant's Name: _____ Date: _____

Family Doctor: _____ Phone: _____

Please check Yes or No to the following items. If Yes, please explain in space provided.

Yes No

- Has your child had any medical illness or injury since her last check up or physical?
- Has your child been treated at the hospital in the past year? Explain: _____
- Has she had surgery in the past year?
- Is your child currently taking any prescription or non-prescription medications?
If Yes, please specify: _____
- Has your child ever been dizzy or passed out during exercise?
- Has your child ever had chest pain during or after exercise?
- Does your child get tired more quickly than her friends during exercise?
- Has your child ever had a racing heart or skipped heartbeats?
- Has your child been diagnosed with high blood pressure or high cholesterol?
- Has an immediate family member died of heart related problems?
Or of sudden unexpected death before age 50?
- Does your child have a close family member who has Diabetes? If Yes, who: _____
- Has your child had a severe viral infection in the last month?
- Has a physician ever restricted your child's participation in physical activity due to heart related problems?
- Has your child ever been knocked out, become unconscious, or lost her memory as a result of head injury?
If Yes, please answer the following:
How many times? _____
When was the last concussion? _____
How severe was each one? _____
- Has your child ever had a seizure?
If Yes, when was her last seizure? _____
- _____
- Does your child have frequent, severe headaches?
If Yes, please indicate frequency: _____
- Has your child ever had numbness or tingling in arms, hands, legs, or feet?
- Has your child ever become ill from exercising in the heat?
- Has your child ever had shortness of breath with exercise?
- Does your child cough wheeze or have trouble breathing after activity?
- Does your child have asthma or use an inhaler?

Yes No

- Does your child have any allergies / food allergies?
If Yes, please specify to what and degree of allergy: _____
- Does your child have seasonal allergies that require medical treatment? If Yes, please specify: _____
- Has your child ever had a sprain, strain, or swelling after an injury?
- Has your child ever broken, fractured or experienced any pain in muscles, tendons, bones, or joints?
If Yes, please specify: _____
- Has your child had any problems with her eyes or vision?
- Does your child wear contacts or glasses?
- Does your child's weight change regularly?
If Yes, please specify: _____
- Has your child begun to menstruate?
If Yes, at what age? _____
- Does your child often have behavioral problems at school?

Has your child ever been diagnosed with:

Yes No

- ADHD / ADD
- Allergy requiring EPI Pen
- Diabetes

Please explain any other medical conditions that BOUNCE should be aware of:

Insurance Information:

Name of Parent/Guardian Insurance: _____
Policy Number: _____ Group Number: _____
Name of Insured: _____
Phone Number: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent's Signature: _____
Date: _____



Please
Attach Your
School
Photo Here

Scholarship Application

TO BE COMPLETED BY APPLICANT'S PARENT (Please PRINT)

Each BOUNCE applicant can apply for a partial scholarship towards the cost of the \$250 per week (per child) BOUNCE summer program fees.

To accommodate the needs of participants we offer the following scholarships:

- \$200 per week per child
- \$150 per week per child
- \$___ per week per child

If you need full financial assistance please explain in the space provided below

*All participants must be accompanied by proof of financial need (W- 2, WIC, or CHIP). Once the complete application has been received and reviewed, the BOUNCE office will contact you. **All completed scholarship applications are due by June 1st, 2016.**

I, _____, request to be considered for the scholarship for the BOUNCE healthy

(Parent's Name)

Lifestyle summer program held at the University of Houston from July 11th – August 5th, 2016.

TO BE COMPLETED BY APPLICANT (Please PRINT)

In the space provided below, hand write a description about yourself and why you would like to be part of the BOUNCE program. Please be sure to include details about yourself, your interests, and involvement in extracurricular activities at school and community. (If you need more space, please use the back of this page).
