BOUNCE
to build healthy families

Summer 2019

July 8 – August 2, 2019

Eligibility Checklist

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

1. Is your child of African American or Hispanic descent?	Yes □	No □
2. Will your child be between the ages of 9 and 14 years old on or before July 8th, 2019?	Yes □	No □
3. Do you think that your child is overweight or obese?	Yes □	No □
4. Can your child attend the BOUNCE Summer Program from: July 8th to August 2nd, 2019, Monday–Friday from 9am to 3pm?	Yes □	No □
5. Can you and/or your spouse or relatives attend the BOUNCE Summer Program for a weekly 2-hour session on Fridays (7/12, 7/19, 7/26, 8/2) from 1pm to 3pm?	Yes □	No □
6. I understand that I am responsible for transportation for my child to participate in BOUNCE Summer Program.	Yes □	No □
7. I understand that my child must not have major physical disabilities (inability to walk), severe medical conditions (heart disease), or extensive dietary restrictions (unable to eat solid food).	Yes □	No □
8. Daughters Only: I understand my child must not be pregnant in order to participate in the program. a. Is your child (daughter) pregnant?	Yes □ Yes □	No □ No □
9. I understand that my child must reside in the boundaries of the Greater Third Ward or East End area to participate in the BOUNCE to Health Program.	Yes □	No □

__Notes:__ (1) The BOUNCE Summer Program is free for participants who meet the previous guidelines. This program is sponsored by the United HealthCare Foundation. (2) Lunch and daily snacks are provided for participating children.

For more information about the BOUNCE Summer Program, contact:
c/o Dr. Norma Olvera, UH Dept. Psychological, Health, and Learning Sciences.
University of Houston, 3657 Cullen Blvd, Rm 491, Houston, TX 77204-5029
Website: http://bounce.uh.edu; Office: (832) 842-5921; Email: bounce@central.uh.edu

BOUNCE to Health Summer Program

Registration & Release Form

Please fill out Eligibility Form first

(Must use a separate form for each applicant)

Applicant's First Name (Child):_____ Last Name:_____ MI:_____

Age (entering program):_____ DOB:_____/_____/_____ Upcoming grade: _____ T-shirt size:_____

Address:_____ City:_____ State:_____ Zip: _____

Name of Mother/Guardian:_____ Home#:_____ Cell#:_____

Mother's Employer:_____

Work#:_____ Email:_____

Name of Father/Guardian:_____ Home#:_____ Cell#:_____

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#: _____

All of the registration materials including the registration form, medical history form, 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 to Health 2019 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 <u>completed</u> forms must be received by <u>June 1st, 2019</u>.

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; email: bounce@central.uh.edu

Summer program dates: July 8th - August 2nd , 2019, Mon. – Fri., (9:00am - 3:00pm) Parent Sessions: Fridays, 7/12, 7/19, 7/26, 8/2, 1:00 pm- 3:00 pm	
REGISTRATION CHECKLIST	_____Eligibility Form _____Registration & Release Form _____Medical History Form _____Physical Examination Form **Mail and/or email all forms to:** BOUNCE Summer Program c/o Dr. Norma Olvera UH, Dept. of Psychological, Health, and Learning Sciences University of Houston, 3657 Cullen Blvd, Rm 491, Houston, TX 77204-5029 Email address: bounce@central.uh.edu

Policies:

To insure that everyone has an equal opportunity to register for the summer program, the following policies are designed to give those who are ready to fully register the priority. To be fully registered, eligibility, registration, medical history, and physical examination forms for each participant must be turned in at the time of registration. If the registration forms are not complete, the child/children will be placed on a waiting list.

- All cancellations must be received no later than two weeks before program begins.

State law requires that you be informed of the following:

1. With few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form.
2. Under sections 55.021 and 552.023 of the Government Code, you are entitled to receive and review the information.
3. Under sections 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

I have read the above policies and agree on its terms and conditions: X_____

Parent/Guardian Signature

Do Not Write On This Box, For Office Use Only:

Eligibility Form____ *Registration Materials Completed_____Date:_____*

Registration and Release Form_____ *Physical Health Examination Form_____*

Medical History Form_____ ***Assigned ID NUMBER_____***

BOUNCE to Health Summer Program
Medical History Form

(Must use a separate form for each applicant)

Applicant's Name (Child):_____ 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 his/her last check up or physical?
□	□	Has your child been treated at the hospital in the past year? Explain: _____
□	□	Has your child 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 his/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 his/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 his/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 his/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: _____