

KIDS NIGHT OUT REGISTRATION FORM

Just Bounce Trampoline Club
 3731 Chesswood Dr. Toronto, ON M3J 2P6
 Phone: 416-635-0206 Fax: 416-635-1631
 E-mail: info@justbounce.ca Website: www.justbounce.ca

PAYMENT INFORMATION

IN ORDER TO INSURE YOUR REGISTRATION, JUST BOUNCE TRAMPOLINE CLUB INC. REQUIRES FULL PAYMENT ALONG WITH YOUR REGISTRATION FORM AND WAIVER. THIS MAY BE SENT VIA FAX, SCAN & E-MAIL, MAIL OR DELIVERED IN PERSON.

Please make cheques payable to "Just Bounce Trampoline Club Inc." If paying by Credit Card (AMEX, MasterCard or VISA), please fill out the following:

Card Number _____ Expiry Date _____

CVV _____ Name on Card _____

I authorize Just Bounce to charge my credit card in the amount of \$ _____ + \$26.55 (for Just Bounce Annual Membership if applicable) + HST.

Cardholder Signature _____

ASSUMPTION OF RISKS - PLEASE READ CAREFULLY

AWARENESS AND ASSUMPTION OF RISK

I am aware that Trampoline classes, Trampoline parties and day camp activities involve risks including risk of injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Just Bounce Trampoline Club Inc., its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur. I freely accept and assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Just Bounce Trampoline Club Inc. accepting my application to participate in this activity, I agree:

- To waive any and all claims that I may have in future against Just Bounce and others.
- To release Just Bounce and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
- To hold harmless and indemnify Just Bounce and others from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
- That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, MAY HAVE AGAINST JUST BOUNCE AND OTHERS.

I consent to Just Bounce to take photographs, videotape or digital recordings of me/my child and to use these in any and all media, including but not limited to the Just Bounce website, newsletters, brochures, social media and additional marketing tools. I understand I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting Just Bounce at (416) 635-0206 or jacinda@justbounce.ca. *We do not sell or distribute your personal information to any third party not listed herein.

Signed this _____ day of _____, 201_____.

 Signature of Participant
 (Parent/Guardian if under 18)

 Print name clearly

OFFICE ONLY M.O.P. _____ Processed By: _____ Date: _____

PARTICIPANT #1 INFORMATION

Full Name _____ Birthday MM / DD / YYYY

Gender _____ Allergies _____ School _____

Does the athlete have any physical, mental, or medical conditions that, for safety reasons, should be disclosed? Please specify _____

Home Phone _____ Address _____

Postal Code _____ Family Email Address _____

Yes! Please e-mail me the latest Just Bounce program & registration information!

Referred From? _____

PARTICIPANT #2 INFORMATION

Full Name _____ Birthday MM / DD / YYYY

Gender _____ Allergies _____ School _____

Does the athlete have any physical, mental, or medical conditions that, for safety reasons, should be disclosed? Please specify _____

PARTICIPANT #3 INFORMATION

Full Name _____ Birthday MM / DD / YYYY

Gender _____ Allergies _____ School _____

Does the athlete have any physical, mental, or medical conditions that, for safety reasons, should be disclosed? Please specify _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1 _____ Cell Phone _____

Address (if different from above) _____ Postal Code _____

Email Address (if different from above) _____

Parent/Guardian Name #2 _____ Cell Phone _____

Address (if different from above) _____ Postal Code _____

Email Address (if different from above) _____

Emergency Contact _____ Phone # _____

Relationship _____

Alternate Individuals Authorized to Pick-Up Participant(s)

Name _____ Phone # _____ Relationship _____

KIDS NIGHT OUT SELECTION FORM

Participant's Name	Date(s)	Pizza Choice	Fee
1		<input type="checkbox"/> Plain Cheese <input type="checkbox"/> Pepperoni	
2		<input type="checkbox"/> Plain Cheese <input type="checkbox"/> Pepperoni	
3		<input type="checkbox"/> Plain Cheese <input type="checkbox"/> Pepperoni	