

Just Bounce Trampoline Club Inc.

3731 Chesswood Dr.
Toronto, ON
M3J 2P6

Phone: 416-635-0206
Fax: 416-635-1631
E-mail: info@justbounce.ca
www.justbounce.ca



2017 PAY AS YOU GO CLASS REGISTRATION FORM

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 _____

PAYMENT INFORMATION

Please make cheques payable to "Just Bounce Trampoline Club Inc."

Authorized Payment

If paying by Credit Card (MasterCard or VISA), please fill out the following:

I _____ (Cardholder's name) agree to pay Just Bounce Trampoline Club the amount of \$15.00 per class attended (+ \$30 Just Bounce Annual Membership fee if applicable on 4th visit)

*A minimum of 24 hours notice is required to cancel a class. If cancelled within 24 hours or a no-show, the class fee will be charged in full.

Card Number _____ Expiry Date _____ - _____

CVV _____ Cardholder Signature _____

OFFICE USE ONLY

M.O.P. _____ Processed by: _____ Date: _____

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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:

1. To waive any and all claims that I may have in future against Just Bounce and others.
2. 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.
3. 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.
4. 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.

Just Bounce Trampoline Club Inc. and Gymnastics Ontario are making every effort to give you and/or your child as safe an experience as possible.

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 the Just Bounce website. 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.

Signed this _____ day of _____, 201____.

Signature of Participant
(Parent/guardian if under 18)

Print name clearly