

## 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



# 2010 Summer Day Camps

Our mission is to provide quality athletic programs for children and adults alike! Our Day Camps incorporate quality trampoline instruction with circus activities, arts & crafts, indoor and outdoor games, weather permitting. On Friday afternoons campers showcase what they have learned in the camp week!

### CAMP DATES:

Week 1	July 5 - 9
Week 2	July 12 - 16
Week 3	July 19 - 23
Week 4	July 26 - 30
Week 5	August 3 - 6 (Closed Mon Aug 2)
Week 6	August 9 - 13
Week 7	August 16 - 20
Week 8	August 23 - 27
Week 9	August 30 - September 3



### CAMP HOURS:

#### Full Day Program

**Hours:** 9am - 4pm

**Ages:** 6 -14yrs (Must be age 6 by Dec 31/10)

#### Half Day Program (Available weeks 1, 2, 5, 6)

**Hours:** 9am -12pm

**Ages:** 4 - 6yrs (Must be age 4 by Dec 31/10)

Please note: Parents should not bring their children to the front door for sign-in prior to 8:45am

### CAMP FEES:

#### Full Day:

**4-day week** \$185+HST=\$209.05 (week 5)

**5-day week** \$220+HST=\$248.60 (weeks 1-4, 6-9)

#### Half Day:

**4-day week** \$100+HST=\$113.00 (week 5)

**5-day week** \$125+HST=\$141.25 (week 1, 2, 6)

### EXTENDED CARE:

For your convenience, we are able to offer extended childcare, before and after camp programs.

**TIMES:** Morning 8am-9am      Afternoon 4pm-5:30pm

#### FEES: 5-day week

Morning \$20+HST=\$22.60

Afternoon \$30+HST=\$33.90

Both \$45+HST=\$50.85

#### 4-day week

Morning \$16+HST=\$18.08

Afternoon \$24+HST=\$27.12

Both \$36+HST=\$40.68

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### **STAFF:**

We provide an instructor ratio of 1:8. Our instructors have been trained in the HIGH FIVE–Principles of Healthy Child Development through Parks and Recreation Ontario, and trained in Trampoline under the National Coaching Certification Program.

### **WHAT SHOULD I BRING?**

Lunch, running shoes, athletic clothing, snacks, and a water bottle!

### **ALLERGIES:**

We are trying to keep our facility allergen free! Please keep nuts and pets at home!

### **HOW CAN I REGISTER?**

Please fill out the 2 page registration form in full that is attached to this brochure! You can send it to us via mail or fax, or bring it to our office in person! We will only accept registrations accompanied by full payment.

### **REFUND POLICY:**

Refunds, less a \$25 administration fee, will ONLY be issued upon receipt of a medical note. Notice in writing must be received by the office prior to the day you wish to receive refund for. Otherwise, a credit may be issued for the camp if we are notified at least 14 days prior to your scheduled camp date.

### **EXCURSIONS (Full Day Program Only):**

Tuesday & Thursday afternoons our campers take a bus to a local Aquatic Center for free swim (Thurs only Week 5) .

Additional Wednesday trips will alternate between:  
In-line Skating at Rinx (Weeks 1, 3, 5, 7, 9), and  
Bowling at Play Time Bowl (Weeks 2, 4, 6, 8).

**Staff ratios are increased on trip days!**



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## Participant Information Form:

Name \_\_\_\_\_ D.O.B. <sup>MM</sup> / <sup>DD</sup> / <sup>YYYY</sup> \_\_\_\_\_

Home Phone: \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Allergies \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

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

\_\_\_\_\_

How did you hear about Just Bounce? \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Work/Cell \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Work/Cell \_\_\_\_\_

Address \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

Camp Week(s) \_\_\_\_\_

\_\_\_\_\_ Half day \_\_\_\_\_ Full day Extended Care Option: \_\_\_\_\_ AM and/or \_\_\_\_\_ PM

Total Cost: \_\_\_\_\_

## Payment Information:

**IN ORDER TO INSURE YOUR REGISTRATION, JUST BOUNCE TRAMPOLINE CLUB INC. REQUIRES FULL PAYMENT (See attached Refund Policy) ALONG WITH YOUR REGISTRATION FORM AND WAIVER. THIS MAY BE SENT VIA FAX, 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 \_\_\_\_\_

Name on Card \_\_\_\_\_

I authorize Just Bounce to charge my credit card in the amount of \$ \_\_\_\_\_

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.

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

### **Trip Permission Form (Full Day ONLY)**

I give my child permission to take the bus provided to trips as outlined by Just Bounce Trampoline Club Inc. on the transportation they provide.

\_\_\_\_\_  
Signature of Participant  
(Parent/guardian if under 18)

\_\_\_\_\_  
Print name clearly