

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



2010–2011 Instructional Classes

Classes	Age Range	Duration	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Parent & Tot	3 yrs	45 min		1:00pm		1:15pm		9:00am 10:00am	10:00am 11:00am
Bouncing Bears	4-5 yrs	1 hr	4:00pm	2:00pm 4:00pm	4:00pm 5:00pm	2:00pm	4:30pm	9:00am 10:00am 2:00pm	10:00am 11:00am
Leaping Lizards	6-10 yrs	1 hr	4:00pm	4:00pm 5:00pm	4:00pm		4:30pm	11:00am 1:00pm 2:00pm	10:00am 11:00am 1:00pm 3:00pm
Flipping Frogs	8-13 yrs	1.5 hrs	4:00pm 6:30pm	5:30pm 6:30pm	4:00pm 6:00pm	4:00pm 5:30pm	5:30pm	10:30am 3:00pm	5:00pm
High Flyers	12-18 yrs	1.5 hrs	5:30pm	7:30pm	7:30pm (Winter Session Only)	4:00pm 7:30pm	5:30pm (Winter Session Only)		6:30pm
Freedom Seekers	18 + yrs	1.5 hrs	8:00pm	8:00pm 8:30pm		8:00pm			8:00pm
Family Bounce	3 + yrs	1 hr	2:00pm					1:00pm 2:00pm	1:00pm 3:00pm
New!! Cross Training For Ski & Snowboard	10-18 yrs	1.5 hrs			7:30pm (Fall & Spring Sessions)		5:30pm (Fall & Spring Sessions)		

*Schedule subject to change based on registration.

**Classes may be cancelled due to inclement weather. A make-up opportunity will be offered if possible.

***REFUNDS prior to the commencement of the session will be issued minus a \$25 administration fee. Upon commencement of the session, refunds will only be issued upon receipt of a doctor written medical note for the remainder of the session minus a \$25 administration fee.

****Notice in writing must be received by office prior to the class you wish to receive refund for.

Session Dates and Important Information:

Fall Session 2010

Mon Sept. 13th - Mon Dec. 20th

All Classes are 14 weeks

No Classes Mon Oct 11th - Thanksgiving

Winter Session 2011

Mon Jan. 10th - Mon April 4th

All classes are 11 weeks

No Classes Mon Feb 21st - Family Day

No Classes Mon Mar 14th-Sun Mar 20th - Spring Break

Spring Session 2011

Sat April 9th - Mon June 27th

Mon/Tue/Fri Classes are 10 weeks

All Other Classes are 11 wks

No Classes Mon Apr 18th-Tues Apr 19th - Passover

No Classes Fri Apr 22nd-Sun Apr 24th - Easter Weekend

No Classes Mon May 23rd - Victoria Day



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2010 - 2011 Class Fees

Parent & Tot

Fall Session (14 weeks) - **\$185 + HST = \$209.05**
Winter or Spring Sessions (11 weeks) - **\$145 + HST = \$163.85**
Spring Session (10 weeks) - **\$132 + HST = \$149.15**

Bouncing Bears, Leaping Lizards & Family Bounce

Fall Session (14 weeks) - **\$210 + HST = \$237.30**
Winter or Spring Sessions (11 weeks) - **\$165 + HST = \$186.45**
Spring Session (10 weeks) - **\$150 + HST = \$169.50**

Flipping Frogs, High Flyers, Freedom Seekers & Cross Training

Fall Session (14 weeks) - **\$294 + HST = \$332.25**
Winter or Spring Sessions (11 weeks) - **\$231 + HST = \$261.00**
Spring Session (10 weeks) - **\$210 + HST = \$237.30**

***Early Bird Special** Register for 2 or more sessions prior to September 3 and receive a 10% discount on the entire registration!

****Family Discount** - 10% off 2nd family member, 15% off 3rd and subsequent family members.

*****Double Dose Discount** - take 10% off 2nd class/week (must be same participant).

********If space is available, we will accept registrations mid-session with a prorated fee!

Important: Please be sure to write in your e-mail address since the Child Fitness Tax Credit receipt will only be sent by e-mail as well as registration information.



AGE REQUIREMENTS:

Athletes must be turning the Required Age for the class prior to the session end date.

PARTICIPANTS WITH SPECIAL NEEDS

Just Bounce welcomes any participant with physical and/or developmental disabilities to participate in our Instructional Class experience. Those who wish to participate will need to contact our partner organization **Reach for the Rainbow** for further information at 416-503-0088 or online at www.reach.on.ca. For more information please call or visit our website!

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2010 - 2011 Class Registration Form:

Name _____ Birthdate ^{MM} / ^{DD} / ^{YYYY} _____

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 _____

Session (please circle one or more) Fall Winter Spring

Class name _____ Day _____ Time _____

Payment Information:

IN ORDER TO INSURE YOUR REGISTRATION, JUST BOUNCE TRAMPOLINE CLUB INC. REQUIRES FULL PAYMENT (NON-REFUNDABLE) 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.

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.

Signed this _____ day of _____, 201__.

Signature of Participant
(Parent/guardian if under 18)

Print name clearly

Photograph Permission

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.

Signature of Participant
(Parent/guardian if under 18)

Print name clearly