

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



Just Bounce Birthday Parties!

Just Bounce Trampoline Club Inc. is a unique facility in North York that offers a variety of trampoline programming including **Birthday Parties!**

OUR VISION:

We provide quality athletic programs for children and adults. We aim to raise self-esteem and teach athletes perseverance and focus while having fun!

Just Bounce provides a safe and fun environment both inside the gymnasium and in our party room. A Birthday Party at Just Bounce will be a memorable experience for everyone involved!

Ages 4 and up.

OUR FACILITY:

Located in a 5,000 square foot facility, Just Bounce offers fantastic jumping and viewing environments! Our gymnasium has 8 full-sized Olympic Trampolines as well as a double-mini trampoline and floor warm-up area. We also have a wonderful viewing gallery located upstairs adjacent to our party room with three large windows overlooking the gymnasium.

PARTICIPANT ATTIRE:

Athletic clothing such as T-shirts & shorts or leotards are suggested. No jeans, buttons, or zippers should be worn, as they may damage the trampolines and/or cause injury to the participant. No jewellery is allowed to be worn by the participant. Long hair must be tied back upon entering the gymnasium.

PHOTOGRAPHS:

Participants may take photographs of the party at any time. A non-participating parent may enter the gym to take photographs after arranging it with our staff. No one is allowed on the trampolines unless they have participated in warm-up!

GUESTS WITH SPECIAL NEEDS:

Just Bounce welcomes any guests with physical and/or developmental disabilities to participate in our Birthday Party experience. We request notification ahead of time so that we can arrange for appropriate staffing levels.

We want to ensure that our birthday parties are as safe as possible for all participants involved. Thus, we will provide additional certified staff for special needs participants at no additional charge.

We do have the right to refuse participants with special needs if we do not feel that we can provide them a positive and safe experience. We will exercise this right if we are not properly notified in advance and are unable to provide additional staffing. As a result, please inform us of any party guests with special needs upon registration of your Birthday Party.

The more prepared we are, the better the experience for you and your family!

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CHOOSE THE PACKAGE THAT BEST SUITS YOUR NEEDS:

Basic Package:

- 1 hour in the gymnasium with certified coach(es)
- Invitations
 - \$174 for up to 8 participants – 1 Instructor
 - \$199 for 9-16 participants – 2 Instructors
 - \$224 for 17-24 participants – 3 Instructors

Basic Package + Party Room:

- 1 hour in the gymnasium with certified coach(es)
- 45 minutes in the party room (parental supervision required)
- You may supply your own refreshments in the party room
- Invitations
 - \$249 for up to 8 participants – 1 Instructor
 - \$274 for 9-16 participants – 2 Instructors
 - \$299 for 17-24 participants – 3 Instructors

Deluxe Package:

Same as Basic Package + Party Room with the following extras:

- Lootbags, Pizza (2 slices each), Cake and Drinks for all guests.
- All Utensils, Napkins, Plates, Candles etc. are included!

Please add \$14/child to your Basic Package + Party Room Price
(*minimum charge of \$168*)



www.cakesbyrobert.com

PLEASE NOTE: We require notice by the Friday one (1) week prior to your party to make changes to your package and two (2) full weeks to change the date of your booking.

How do I book my party?

Fill out the attached registration form and waiver, and return it along with deposit. This may be sent via fax, mail or delivered in person.

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Registration Form:

Birthday Bouncer's Information:

Name _____ Actual D.O.B. _____ / _____ / _____
MM DD YYYY

Home Phone: _____ School _____

Address _____ Postal Code _____

Gender _____

Will any of the guests have any physical, mental, or medical conditions that, for safety reasons, should be disclosed? Please specify:

Parent Guardian _____ Work/Cell _____

DATE OF RENTAL _____ TIME _____

Please indicate your choice(s) below:

Invitations (please select only one option)

- Hard copy
- E-vite (e-mail to _____)

Basic Package

- \$174 for up to 8 participants
- \$199 for 9-16 participants
- \$224 for 17-24 participants

Basic Package + Party Room

- \$249 for up to 8 participants
- \$274 for 9-16 participants
- \$299 for 17-24 participants

Deluxe Package (add-on to Basic + Party Room Package)

- \$14/person (min. \$168)

Pizza Choice: _____ Pepperoni & Cheese
_____ Plain Cheese
_____ Vegetarian

Cake design/character: _____

Cake Choice: _____ Chocolate
_____ Vanilla
_____ Marble

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See www.cakesbyrobert.com for ideas!

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Waiver and Payment Information:

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.

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 Party Host
(Parent/guardian if under 18)

Print name clearly

Payment Information:

IN ORDER TO INSURE YOUR REGISTRATION, JUST BOUNCE TRAMPOLINE CLUB INC. REQUIRES A \$50 DEPOSIT (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 \$50.00

Cardholder Signature _____

OFFICE USE ONLY

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