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# ◇◇airborne trampoline club

171 Marycroft Ave.  
Woodbridge, Ont.  
L4L 5Y3  
Tel: (905) 850-8477  
Fax: (905) 850-5269  
www.airbornetrampoline.ca

**Allergies** YES  NO

If yes, list all known allergies.

1: \_\_\_\_\_  
2: \_\_\_\_\_  
3: \_\_\_\_\_

## SUMMER CAMP REGISTRATION

PLEASE FILL OUT BOTH SIDES (Pg 1 & 2)

Please Print

Name of Parent: \_\_\_\_\_  
Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel # H: \_\_\_\_\_ B: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Health Card # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Please check and/or circle the week below which your child to be registered for:**

**Week 1      Week 2      Week 3      Week 4      Week 5**  
  
**Week 6      Week 7      Week 8      Week 9      Week 10**

**Daily Camper**

### **Emergency Contact**

1.  
Name of Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Pick up Information:** Adults Permitted to Pick Up (From Club Location)

1. \_\_\_\_\_ Phone #: \_\_\_\_\_  
2. \_\_\_\_\_ Phone #: \_\_\_\_\_

Please Note

In the case that medical attention is required, I give my consent to have my child attended to by a doctor of Airborne's selection.  
I also give the Airborne Trampoline Club permission to transport my child by bus to different activity centres. (E.g. pool, park, rink, etc.)  
In signing this document I give the Airborne Trampoline Club permission to use my child's picture in any promotional subject they choose.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**RELEASE OF LIABILITY, WAIVER OF CLAIMS**

**ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**By signing this document you will waive certain legal rights, including the right to sue.**

**PLEASE READ CAREFULLY**

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**AWARENESS AND ASSUMPTION OF RISK**

I am aware that trampolining involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of The Airborne Trampoline Club, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "THE AIRBORNE TRAMPOLINE CLUB AND OTHERS"). I freely accept and fully 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 The Airborne Trampoline Club accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against THE AIRBORNE TRAMPOLINE CLUB AND OTHERS.
2. To release THE AIRBORNE TRAMPOLINE CLUB 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 THE AIRBORNE TRAMPOLINE CLUB 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 if 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 THE AIRBORNE TRAMPOLINE CLUB AND OTHERS.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Please Print Name Clearly**

\_\_\_\_\_  
**Please print child's name clearly**