

MEMBER INFORMATION

Name:		Date of Birth:	
Address:		City:	
Postal Code:		Primary #:	
Email:		Secondary #:	
Emergency Contact:			
Emergency Contact #:			
Medical Conditions:			
<p>Individuals with a serious medical condition should be accompanied by another person who is familiar with the condition. Staff should be made aware of any medical conditions or medication which a participant may require.</p>			

Term		Membership		Payment	
	Monthly Auto-Renew*		Adult (18+ yrs)		Cash
	1 Year		Youth (6 – 17 yrs)		Cheque
			Senior (60+ yrs)		Debit
	10 Visit		Tot (5 yrs & under)		VISA
			Family (5 total / 2 adults max)		Master Card

**Credit Card Authorization (for Monthly Auto-Renewed Memberships Only)*

I authorize the Town of Whitchurch-Stouffville to use my credit card for monthly payments of membership. Payment will occur on the monthly anniversary date of the membership.

I will notify the Town of any change to credit card information including expiry date.

I acknowledge the 14 days written notification is requires to cancel the membership. Payments are non-refundable. Memberships are not transferable to another person.

It is my responsibility to notify the Town of any changes to my membership account or membership age category.

Memberships will remain active one month beyond final payment.

Signature

Date

AQUATICS ADMISSION STANDARDS POLICY

Parent/Guardian – is defined as a swimmer 14 years of age or older (for the Admission Policy ONLY)		
Child Age	Ratio	Criteria
5 & under	2:1	<ul style="list-style-type: none"> must remain under the direct supervision of a parent/guardian – in the water and within arms’ reach – at all times
6 to 9	4:1	DO NOT PASS FACILITY SWIM TEST: <ul style="list-style-type: none"> must remain under the direct supervision of a parent/guardian – in the water and within arms’ reach – at all times
		PASS FACILITY SWIM TEST: <ul style="list-style-type: none"> must remain under the supervision of a parent/guardian, but do not have to be within arms’ reach parents/guardians are encouraged to remain in the pool area, however if a parent/ guardian prefers to leave the pool area, they must comply with the following: <ol style="list-style-type: none"> they must stay with their children until they have passed the Facility Swim Test or verified completion in the swim test binder; the parent/guardian must agree to remain in the facility
10 & up	N/A	<ul style="list-style-type: none"> may swim on their own, without adult supervision may be asked to complete a Facility Swim Test for entry to the deep end of the pool at the discretion of the Lifeguard on duty
Facility Swim Test: The swimmer must be able to jump into the shallow end of the pool, swim on their front (in any manner) to the middle, turn around, and swim back without stopping, to the satisfaction of the Lifeguard on duty. The swimmer must take at least one breath and not appear to be struggling.		

Release: I/ we and any minor children for whom I/ we are responsible at law hereby forever release and discharge The Corporation of the Town of Whitchurch-Stouffville, its employees, contractors, licensees, elected officials, volunteers, and any other persons for whom the Town may be responsible in law, from any and all claims, damages, suits, and/ or actions whatsoever and howsoever arising, including but not limited to, all claims for damages arising from any accidents, death, personal injury, loss of property, or any transmission and/ or contraction of communicable diseases, including but not limited to Covid-19, which may directly or indirectly result from any person’s participation in the Town of Whitchurch-Stouffville programs.

Member’s Signature

Parent/Guardian (if under 18)

Date