

Membership / Renewal Application

Annual Membership Fee: Residents \$20.00 NON-Resident \$25.00

Cash Cheque

Payment by credit or debit card can be made at Whitchurch-Stouffville Leisure Centre

Last Name: _____ First Name: _____

Address: _____

Home Number: _____ Cellphone Number: _____

Email Address: _____

Date of Birth: _____

I agree to receive monthly newsletter/ promotional email (initial in box)

I agree to publishing of birth month in newsletter (initial in box)

In case of emergency contact:

Although not required, we strongly recommend specifying at least one emergency contact person.

If possible, emergency contact(s) should NOT be within the same household, but rather alternate contact in the local area.

1st Contact Name: _____ 2nd Contact Name: _____

Home Number: _____ Home Number: _____

Cellphone: _____ Cellphone: _____

Relationship: _____ Relationship: _____

Release/ Wavier:

I hereby release the Corporation of Town of Whitchurch Stouffville and its representatives from all claims for damages arising from any accidents or injury which are caused by or arise from participation by the applicant or loss of the participant's property, howsoever caused.

Signature: _____ Date: _____

Photo Release:

Any photos taken will be considered for display in brochures, on the Internet or other Department or Town of Whitchurch-Stouffville marketing campaigns. If you consent to have your photo used as indicated above, please sign the form below.

I hereby consent that the photographs for which I posed may be used by the Town of Whitchurch-Stouffville its assigns or successors, to promote the Town of Whitchurch-Stouffville events.

Furthermore, I hereby consent that such photographs shall be the property of the Town of Whitchurch-Stouffville, and the Town shall have the right to sell, duplicate, reproduce and make other uses of such photographs as it may desire free and clear of any claim whatsoever on my part.

Signature: _____ Date: _____

Personal information is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act

Admin <input type="checkbox"/>	Name Tag <input type="checkbox"/>	OFFICE USE ONLY
	Notes:	