

# Individual or Family Account Registration Form



Complete the form below and email it to [leisure.services@townofws.ca](mailto:leisure.services@townofws.ca) or bring it to the Leisure Centre (2 Park Drive).

You will then be prompted, via email, to complete the online account.

**\*Proof of Stouffville residency is required (i.e. Tax bill, utility bill, driver's licence).  
Non-residents can also register for programs, restrictions/additional fees apply.**

## Request to create an individual or family account



Adult/Parent/Guardian's Information			
First Name	Last Name	Birthdate (M/D/Y)	Gender
1.			

Other Family Members in the Same Household (if applicable)			
First Name	Last Name	Birthdate (M/D/Y)	Gender
2.			
3.			
4.			
5.			

**55+ Club Membership:** If any of your household members are age 55 or older, you can join the 55+ Club. Membership is free for Residents. Please check here if you would like to join the Club to receive discounts on program registrations, free drop-in activities, monthly newsletter, and lounge access at 6240 Main St.

Family Contact Information		
Street:	Town:	Postal Code:
Home Phone:	Cell Phone:	Opt-in Email? Y <input type="checkbox"/> N <input type="checkbox"/>
Email:		

Emergency Contact Information	
Name:	Phone:
Name:	Phone:

Please list all medical conditions and names of family member(s):

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

I confirm that the information provided by me is true and accurate, and I confirm that the Corporation of the Town of Whitchurch-Stouffville (the "Town") may use the information provided by me for any lawful purpose.

I hereby release the Town and all its employees, on my behalf and on behalf of any minors for whom I am responsible at law ("Family Members"), from any and all claims and damages arising from any loss or injury, including personal injury, howsoever caused, by or through participation of any of my Family Members in any program or activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have included proof of residency with this submission: