

Online Account Registration Form



To register online you will need an email address and password.

If you have taken programs with us in the past, you are currently on our system.

- Go directly to our [Town Registration site](#)
- Click on "Forgot Password?"
- Enter your email address (**you must have an email address associated with your account for this feature to work**).
A temporary password will be sent to the email associated with your account.

If you are not currently on our system, complete the form below and return it to any of the following:

- Leisure Centre – 2 Park Dr.
- Email: leisure.services@townofws.ca

***Proof of residency is required (i.e. Tax bill, utility bill, driver's license)**

Request to Create a Family Account



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

| Other Family Members in the Same Household | | | |
|--|------------|-------------------|--------|
| Family Name | First Name | Birthdate (D/M/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: | Email: | Opt-in Email? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Cell Phone: | Cell Phone Provider: | Opt-in Texts? Y <input type="checkbox"/> N <input type="checkbox"/> |

| 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: ☐