



Please list all medical conditions:

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***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.