

THERE IS NO NEED TO COMPLETE SHADED AREAS IF YOU PARTICIPATED IN PREVIOUS PROGRAMS – UNLESS YOUR INFORMATION HAS CHANGED.

PART A: FAMILY INFORMATION – Please Print Clearly

ADULT/PARENT/GUARDIAN Family Name	First Name	Sex: M F
Family Address	Town	Apt/Unit#
Home Phone	Business Phone	
Email**		
* I would like my email address added to the subscription list for Leisure E-News. See page 4 for details.	EMERGENCY CONTACT Please indicate name & telephone number	

FAMILY MEDICAL INFORMATION – Is there any medical information you would like us to know about? Include participant's name

PART B: PARTICIPANT INFORMATION – Can be used for more than one family member / If program is full, applicant will be waitlisted

1. PARTICIPANT LAST NAME		FIRST NAME		BIRTHDATE: M/D/Y		SEX: M / F	
CHOICE 1	BARCODE	DATE	TIME	FEE			
CHOICE 2	BARCODE	DATE	TIME	FEE			
CHOICE 3	BARCODE	DATE	TIME	FEE			
2. PARTICIPANT LAST NAME		FIRST NAME		BIRTHDATE: M/D/Y		SEX: M / F	
CHOICE 1	BARCODE	DATE	TIME	FEE			
CHOICE 2	BARCODE	DATE	TIME	FEE			
CHOICE 3	BARCODE	DATE	TIME	FEE			
3. PARTICIPANT LAST NAME		FIRST NAME		BIRTHDATE: M/D/Y		SEX: M / F	
CHOICE 1	BARCODE	DATE	TIME	FEE			
CHOICE 2	BARCODE	DATE	TIME	FEE			
CHOICE 3	BARCODE	DATE	TIME	FEE			

SUBMISSION OF THIS FORM DOES NOT GUARANTEE PLACEMENT IN A PROGRAM.

If you have not received confirmation one week prior to the start of the program, call 905-642-PLAY (7529).
Release: I hereby release the Corporation of the 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.

TOTAL FEE OWING
MINUS CREDIT ON ACCOUNT
BALANCE OWING

registration

X _____

SIGNATURE OF PARENT/GUARDIAN OR PARTICIPANT
(form not valid unless signed)

DATE _____

Staff Initial

PART C: METHOD OF PAYMENT

CASH
 CHEQUE Cheques payable to the Town of Whitchurch-Stouffville (no post-dated cheques)
 
 
 
 GIFT CERTIFICATE

Card Number _____ Expiry Date _____ / _____

Name on Card _____

Signature _____

Camp Registration forms available online at www.townofws.ca and at the Leisure Centre