

**THERE IS NO NEED TO COMPLETE shaded areas  
if you participated in Previous Programs.**

**Part A: FAMILY INFORMATION** - Please print clearly -

ADULT/PARENT/GUARDIAN'S Family Name:	First Name	Sex M/F
Family Address	Town	Apt/Unit#
Home Phone# ( )	Business Phone ( )	Ext#
Email Address (complete to receive program announcements & updates)		

**FAMILY MEDICAL INFORMATION**

Doctor's Name	Doctor's Phone #
---------------	------------------

Is there any medical information you would like us to know about? Indicate participant's name

**Part B: PARTICIPANT INFORMATION** - Can be used for more than 1 family member / \*IF PROGRAM IS FULL, APPLICANT WILL BE WAIT LISTED

1. PARTICIPANT Family Name		First Name	Birthdate M/D/Y	Sex M/F	Emergency Contact
Course	Barcode	Day	Time	Fee	
Course	Barcode	Day	Time	Fee	
2. PARTICIPANT Family Name		First Name	Birthdate M/D/Y	Sex M/F	Emergency Contact
Course	Barcode	Day	Time	Fee	
Course	Barcode	Day	Time	Fee	
3. PARTICIPANT Family Name		First Name	Birthdate M/D/Y	Sex M/F	Emergency Contact
Course	Barcode	Day	Time	Fee	
Course	Barcode	Day	Time	Fee	

**PART C: METHOD OF PAYMENT**

Cash \_\_\_\_\_ Cheque \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ Gift Certificate \_\_\_\_\_  
*Cheques payable to the Town of Whitchurch-Stouffville (sorry no post-dated cheques).*

Total Fee Owing	\$
Minus DISCOUNTS	\$
Balance Owing	\$

Card # \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Name \_\_\_\_\_  
 Signature \_\_\_\_\_

**CAMP REGISTRATION FORMS  
AVAILABLE ONLINE AT  
WWW.TOWNOFWS.COM  
AND AT THE LEISURE CENTRE**

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, please 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.

**PHOTO RELEASE**  
 I authorize the Town of Whitchurch-Stouffville Department of Leisure Services to take photos of the above-listed participants at their program for publicity and promotion purposes only.  
 Yes     No  
 Signature \_\_\_\_\_  
*Personal information is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act.*

X \_\_\_\_\_  
 SIGNATURE OF PARENT OR PARTICIPANT  
 (form not valid unless signed)

\_\_\_\_\_ Date \_\_\_\_\_  
 Staff Initial

registration form