



## WS PLAY... Online Registration

To register online you will need an email address and password.  
You can securely pay online with a credit card or prepay and put money on your account in person.

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

- Go directly to the Town website, WSPLAY...Online link
- Click on "Sign In" at the top, then "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.
  - ✓ Town Municipal Offices – 111 Sandiford Dr.
  - ✓ Fax: 905-642-3940
  - ✓ E-mail: [leisure.services@townofws.ca](mailto:leisure.services@townofws.ca)

**\*PROOF OF RESIDENCY IS REQUIRED (e.g. Tax bill, Utility bill, Driver's License)**



www.townofws.ca  
Leisure Centre: 905-642-PLAY (7529)

## REQUEST TO CREATE A FAMILY ACCOUNT

Adult/Parent/Guardian's Information			
Family Name	First Name	Birthdate D/M/Y	Sex: M/F
1.			
Other Family Members in the Same Household		<input type="checkbox"/> MEDICAL CONDITIONS LISTED ON BACK	
2.			
3.			
4.			
5.			
<b>55+ Club Membership:</b> 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.			<input type="checkbox"/>
Family Address			
Street:	Town:	Postal Code:	
Home Phone#	E-mail:	Promotional Email? Y    N	
Cell Phone#	Cell Phone Provider:	Agree to receive text messages? Y    N	
Emergency Contacts			
Name:	Phone #:		
Name:	Phone #:		

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.