



Family Account Information Form

OFFICE USE ONLY

Date Received: _____ / _____ / _____ Date Processed: _____ / _____ / _____ Processed By: _____
 (dd/mm/yy) (dd/mm/yy)

For all of the recreation programs listed in this Guide, residents can register in 3 ways: online, by telephone or by submitting a Registration Form. **Customers need a Client Barcode and an Account PIN to register by Internet or phone.** If you have previously registered for a Richmond Hill program or membership, you can obtain this information by calling **905-771-8870** during regular business hours. If this is your first time registering for a Richmond Hill program or membership, please create a new account at **RichmondHill.ca/eReg** or submit a Family Account Information Form prior to the first day of registration. Your account information will be emailed to you within 1 business day. Family Account Information Forms are available at **RichmondHill.ca/RecGuide** or at any Richmond Hill community centre.

MAIL TO:
 Richmond Hill
 Community Services Department
 225 East Beaver Creek Road
 Richmond Hill, ON
 L4B 3P4

DROP-OFF:
 Any Richmond Hill
 Community Centre

FAX TO:
 905-771-2481

NOTE:

- Your Client Barcode Number(s) and Account PIN(s) are permanent. Please keep them in a safe place.
- If your account information changes in the future, you can update it at **RichmondHill.ca/eReg** or you can submit an updated Family Account Information Form.
- If your family has more than 4 members, please complete and attach an additional form to this one.

PLEASE PRINT

Have you or an immediate family member previously enrolled in a Richmond Hill program or membership? YES NO UNSURE
 Are you requesting a new account? YES NO Are you requesting an update to your existing account? YES NO

FAMILY INFORMATION

STREET NUMBER AND NAME:		APT/UNIT NO.:
CITY/TOWN:	POSTAL CODE:	RICHMOND HILL WARD:
HOME PHONE NO.:	CELL PHONE NO.:	
EMAIL ADDRESS:	BUSINESS PHONE NO.:	
EMERGENCY CONTACT:	EMERGENCY CONTACT PHONE NO.:	

MAIN CONTACT – FAMILY MEMBER 1

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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DISABILITIES/MEDICAL CONDITIONS/ALLERGIES:

FAMILY MEMBER 2

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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DISABILITIES/MEDICAL CONDITIONS/ALLERGIES:

FAMILY MEMBER 3

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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DISABILITIES/MEDICAL CONDITIONS/ALLERGIES:

FAMILY MEMBER 4

LAST NAME:	FIRST NAME:	BIRTH DATE: DAY MONTH YEAR	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
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DISABILITIES/MEDICAL CONDITIONS/ALLERGIES:

OF NOTE: Personal information is protected under the *Municipal Freedom of Information and Protection of Privacy Act, 1989*. Personal information is collected under the authority of the *Municipal Act 2001, S.O. 2001, C.25* and will be used for the purpose of program registration and administration. Inquiries may be directed to the Office of the Clerk at 905-771-8800.

Signature: _____ Date: _____