

New Family Account

To Use Online Registration, Apply now for a Family Account!

To be eligible to use Online Registration to sign up for recreation programs, you will need to have your Family and Client Numbers created for each member of your family before registration day.

E-mail, Mail, fax or drop off this Family Information Form and our Customer Service Representatives will create your family account and send you the Family and Client numbers you need to use Online Registration.

Mail To: Registration and Permits Toronto City Hall 100 Queen Street West, 1st Floor Toronto, Ontario M5H 2N2	Fax To: 416-392-1551 Fax Alert: Sending personal information by fax is not a secure means of transmission.
In Person: Local Civic Centre or Community Centre	
Email: pfrcustomerservice@toronto.ca	

- If there are more than four people in your family, please complete an additional form.
- Please keep Family PIN # and Client #'s in a safe place as they are permanent.
- Family information forms do not need to be sent in for each registration. You may call 416-338-4386 to get your numbers if you have misplaced them or refer to a previous registration confirmation

Family Home Address

Street Number	Street Name	Suite/Unit Number		
City/Town		Province	Postal Code	
Home Telephone Number	Mobile Number	Number of Family Members	Email	

Emergency Contact Information

Note to Applicant: This section must be completed by the person who has agreed to act as your emergency contact. The City will only disclose information to this person in the event of an emergency.

Emergency Contact First Name	Emergency Contact Last Name	Emergency Contact Telephone Number
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Parks, Forestry and Recreation collects personal information in this section under the legal authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s.136(c), the City of Toronto Municipal Code, Chapter 441, Fees and Charges and the City of Toronto By-law No. 1115-2017. The information is used in the case of an emergency involving family members. Questions about this collection can be directed to Parks, Forestry & Recreation Client Services Staff, Parks, Forestry & Recreation, 100 Queen Street West, 1st Floor, East Tower, Toronto, ON, M5H 2N2, 416-338-2581.

Primary Contact – Family Member (1)

Are there any medical or special needs information that you would like us to know? Please indicate in the box(s) below for each family member.

First Name	Last Name	Date of Birth (yyyy-mm-dd)		
Telephone Number		Extension	<input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Other
Medical Issue(s)				

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Family Member (2)

First Name	Last Name	Date of Birth (yyyy-mm-dd)			
Telephone Number		Extension	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Medical Issue(s)					

Family Member (3)

First Name	Last Name	Date of Birth (yyyy-mm-dd)			
Telephone Number		Extension	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Medical Issue(s)					

Family Member (4)

First Name	Last Name	Date of Birth (yyyy-mm-dd)			
Telephone Number		Extension	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Medical Issue(s)					

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