



Westlake Recreation Department New Household Information Form

We have a new online registration system, which will provide our participants with an additional method of registering for programs. Register for a class, view household history, and more, 24 hours a day.

In order to use this system, first time registrants must first submit a completed Household Information Form to the Westlake Recreation Department along with proof of residency (not required for non Westlake residents). You can email us your form to recinfo@cityofwestlake.org, mail it or drop it off in person to 28955 Hilliard Blvd, Westlake, OH 44145. Once we have received your completed form and proof, we will send you an email confirming receipt and provide you with a user name and password so that you may access our online registration system. **If all information on the form is not completed your household will not be added. By submitting this information, you are acknowledging that the information is correct.**

Primary Household Contact/Guardian

First Name _____ Last Name _____
Address _____ City _____ Zip _____
Home Phone _____
Primary Email Address _____
Date of Birth ___/___/___ Gender: Male _____ Female _____

Secondary Household Contact/Guardian

First Name _____ Last Name _____
Address _____ City _____ Zip _____
Home Phone _____
Primary Email Address _____
Date of Birth ___/___/___ Gender: Male _____ Female _____

Additional Household Members (family members must reside at the same address- ages are subject to verification)

- Dependent First Name _____ Last Name _____
Date of Birth ___/___/___ Gender: Male _____ Female _____
- Dependent First Name _____ Last Name _____

- Date of Birth ___/___/___ Gender: Male___ Female_____
- Dependent First Name_____ Last Name _____
 Date of Birth ___/___/___ Gender: Male___ Female_____
 - Dependent First Name_____ Last Name _____
 Date of Birth ___/___/___ Gender: Male___ Female_____
 - Dependent First Name_____ Last Name _____
 Date of Birth ___/___/___ Gender: Male___ Female_____
 - Dependent First Name_____ Last Name _____
 Date of Birth ___/___/___ Gender: Male___ Female_____

For office use only:

_____type of residency provided

_____Clerk Initials/ Date