

**This application is for residents of the Municipality of Saanich.**

Residents from outside of this region, may apply within their local municipal recreation centre.

## ABOUT THE PASS

The Leisure Assistant Pass is for people with disabilities, of all ages, who require the assistance of a support person when engaging in leisure activities. Upon presentation of the Leisure Assistant Pass at a participating venue, **one** support person will be given free or reduced admission to facilitate supported participation without the financial barrier of paying double the admission.

Passes are valid for 3 years from the date of issue. As support persons may change, the pass will be issued to the person with a disability.

## HOW TO APPLY

Read the program information carefully. If you have any questions, please contact Saanich's Recreation Administration office at **250-475-5422**.

1. Complete the application.

**NEW APPLICANTS** - Complete Sections 1-3

**RENEWING APPLICANTS** - Complete Sections 1 & 2 only

2. Submit your completed application:

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>In-Person at any Saanich Recreation Centre</b></p> <p><b>Cedar Hill Recreation Centre</b><br/>3220 Cedar Hill Road<br/>Phone: 250-475-7121</p> <p><b>G.R. Pearkes Recreation Centre</b><br/>3100 Tillicum Road<br/>Phone: 250-475-5400</p> <p><b>Gordon Head Recreation Centre</b><br/>4100 Lambrick Way<br/>Phone: 250-475-7100</p> <p><b>Saanich Commonwealth Place</b><br/>4636 Elk Lake Drive<br/>Phone: 250-475-7600</p> | <p><b>By Email</b><br/>recreation@saanich.ca<br/><i>*please attach photo for ID card</i></p> <hr/> <p><b>By Mail</b><br/>Saanich Recreation Administration<br/>780 Vernon Avenue<br/>Victoria, BC V8X 2W7</p> <hr/> <p><b>By Fax</b><br/>250-475-5411</p> |
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### Participating Regional Partners



## PARTICIPATING VENUES

- All local, Municipality funded Recreation Centres and Facilities
- Art Gallery of Greater Victoria (250-384-4171)
- Boulderhouse Climbing (778-265-9342)
- Boulders Climbing Gym (250-544-0310)
- Burnside Gorge, Fairfield, Fernwood, James Bay, Oaklands, Quadra Village and Vic West Community Centres
- Butchart Gardens (250-652-4422)
- Craigdarroch Castle (250-592-5323) *\*not wheelchair accessible*
- Discover the Past Walking Tours (250-384-6698)
- Flying Squirrel - Victoria Location (778-404-1778)  
*\*Waiver and purchase of re-usable trampoline socks is required*
- Galey Farms (250-477-4450) *\*Includes corn maze, railway, petting farm, etc.*
- Highland Pacific Driving Range (250-478-4653)
- IMAX Victoria (250-480-4887) *\*Applicable to regular public rates only. Eligible IMAX annual pass holders will receive up to 5 attendant discounts.*
- Maritime Museum (250-385-4222)
- Mount Douglas Golf Club (250-477-8314)
- Pacific Institute for Sport Excellence (250-220-2510)
- Robert Bateman Centre (250-940-3630)
- Royal BC Museum (250-356-7226)
- Royal Theatre and McPherson Playhouse (250-361-0808)  
*\*Some restrictions apply. Call between 8:30am-4:30pm Mon-Fri or email [melissa@rmts.bc.ca](mailto:melissa@rmts.bc.ca). Please include the performance you are interested in.*
- Seasonal Productions of Intrepid Theatre (250-383-2663) *\*example: Vic Fringe Festival*
- Shaw Centre of the Salish Sea (250-665-7511)
- Sidney Spit Ferry – Alpine Group (250-474-5145, ext. 232)  
*\*Admission discount only. **Not** wheelchair accessible.*
- CARSA - Centre for Athletics, Recreation and Special Abilities (250-472-4000)
- Victoria Bug Zoo (250-384-2847)
- Victoria Butterfly Gardens (250-652-3822)
- Victoria YM/YWCA (250-386-7511) *\*Downtown, Eagle Creek, and Westhills locations*
- WildPlay Element Parks Victoria (250-595-2251) *\*By appointment only, some restrictions apply. Enquiries/bookings [questservices-victoria@wildplay.com](mailto:questservices-victoria@wildplay.com)*



## APPLICATION FORM

**NEW APPLICANTS** - Complete Sections 1-3

**RENEWING APPLICANTS** - Complete Sections 1 & 2 only

### Section 1 – Applicant Information

**New Card**

**Renewing Card**

First & Last Name \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Street Address \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

How would you like to collect your card?

By Mail

Pick Up at a Saanich Recreation Centre

### Section 2 – Terms of Use

Recognizing an individual may be independent in one environment and not in another, Leisure Assistant Pass holders are expected to only use their passes at venues where assistance is required. Within each venue, persons with a disability and assistants are expected to stay together. Misuse or abuse of the pass could result in termination of it and its privileges.

**I certify that I understand the Terms of Use indicated above.**

**Applicant/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The personal information collected in this form is collected in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of administering the Leisure Assistant Pass program. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. [foi@saanich.ca](mailto:foi@saanich.ca)*

### FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED:

STAFF NAME:

If **RENEWING** application, expired Leisure Assistant Pass shown?  Yes  No

If **NEW** application, copy of secondary documentation taken OR Health Care Professional Authorization complete?  Yes  No

APPLICATION APPROVED?  Yes  No  
*Client is a Saanich Resident*

PHOTO TAKEN & CARD PRINTED?  Yes  No



## Section 3 – Secondary Documentation or Professional Authorization

**Only required for new applicants.** Along with completing Sections 1 & 2, provide a copy of one of the secondary documentation pieces identified in Part A or have a health professional complete Part B.

### Part A – Secondary Documentation

Provide a copy of one of the below with completed Sections 1 & 2. If you cannot provide this, complete Part B.

- CNIB ID card
- Access 2 card
- Federal Disability Pension statement
- Provincial Disability Supplementary Income statement

### Part B – Health Care Professional Authorization *Completed by Health Care Professional.*

If you cannot provide a copy of one of the secondary documents noted in Part A, have your health care professional complete the below.

- |                                                   |                                                      |
|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Audiologist              | <input type="checkbox"/> Psychiatrist                |
| <input type="checkbox"/> Behaviour Analyst (BCBA) | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Nurse (RN, RPN)          | <input type="checkbox"/> Recreational Therapist      |
| <input type="checkbox"/> Occupational Therapist   | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Physician                | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Physiotherapist          | <input type="checkbox"/> Other: _____                |

I certify that \_\_\_\_\_, who is a client/patient of mine, is a person with a permanent disability who, due to the disability, requires accompaniment by a support person to assist with communication, mobility, personal/medical needs or access to goods, services or facilities.

Health Care Professional Name \_\_\_\_\_

Professional Registration Number \_\_\_\_\_

Practice/Service Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

