

Leisure Assistant Pass - Application Form

FOR RESIDENTS OF GREATER VICTORIA - Effective October 1st, 2024 residents may apply for a Leisure Assistant Pass **at any partnering regional recreation center in Greater Victoria.**

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 pass at a participating venue, one support person will be provided free or reduced admission to aid in facilitating participation in leisure activities.

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

HOW TO APPLY:

NEW APPLICANTS - Complete sections 1-3

RENEWING APPLICANTS - Complete sections 1 & 2 only and include a copy of previous Leisure Assistant Pass or other documentation.

Completed applications, including documentation and photo for ID card, can be submitted to your preferred location in the following ways:

Regional Partners:	In Person:	Email or Online:
Esquimalt Parks + Recreation	527 Fraser St, Victoria, BC V9A 6H6	Leisure Assistant Pass Corporation of the Township of Esquimalt
Oak Bay Parks, Recreation, and Culture	1975 Bee Street, Victoria, BC V8R 5E6	Inclusion@oakbay.ca
Panorama Recreation	1885 Forest Park Drive, North Saanich, BC, V8L 4A3	Info@panoramarec.bc.ca
Saanich Recreation	Cedar Hill Recreation Centre - 3220 Cedar Hill Road, Victoria BC, V8P 3Y3 Saanich Commonwealth Place - 4636 Elk Lake Drive, Victoria BC, V8Z 5M1 G.R. Pearkes Recreation Centre - 3100 Tillicum Road, Victoria BC, V9A 6T2 Gordon Head Recreation Centre - 4100 Lambrick Park Way, Victoria BC, V8N 5R3	recreation@saanich.ca
SEAPARC Recreation Centre	2168 Phillips RD, PO Box 421, Sooke, BC, V9Z 1H4	seaparc@crd.bc.ca
Victoria Crystal Pool	2275 Quadra Street, Victoria, BC V8C 4T4	CrystalPool@victoria.ca
West Shore Parks & Recreation	Juan De Fuca Recreation Centre, 1767 Island Hwy Victoria, BC, V9B 1J1	Reception@westshorerecreation.ca



SECTION 1: Applicant Information

NAME:	DATE OF BIRTH:
ADDRESS:	POSTAL CODE:
EMAIL:	PHONE#:

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/Legal Guardian Signature: _____ Date: _____

The personal information collected in this form is collected in accordance with s.26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of administering the Leisure Assistant Pass program. For questions related to privacy protection please contact the Municipal Privacy Officer in the district in which you are applying

FOR OFFICE USE ONLY	
Date received:	Staff Name:
Date approved:	
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 care professional complete Part B.

PART A: Please upload a copy of one of the listed documentations below. If you cannot provide this, please complete Part B.

☐ CNIB ID Card

☐ Access 2 Card

☐ Federal Disability Pension Statement

☐ Provincial Disability Supplementary Income Statement

☐ Other: _____

PART B: If you cannot provide a copy of one of the secondary documents noted in Part A, please have a health care professional complete the section below on your behalf.

☐ Audiologist

☐ Mental Health Professional

☐ Behaviour Analyst (BCBA)

☐ Psychiatrist

☐ Nurse (RN, RPN) or Nurse Practitioners

☐ Recreational Therapist

☐ Occupational Therapist

☐ Social Worker (RSW)

☐ Physician

☐ Speech Language Pathologist

☐ Physical Therapists

☐ School Professional (Teacher, Counselor etc.)

☐ Other: _____

Health care professional name:

Phone:

Practice/Service Address:

Postal code:

Phone:

Professional Registration number:

Signature:

Date:

I certify that _____, who is a client/patient of mine, is a person with a 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, when accessing leisure activities.