

Leisure Assistant Pass APPLICATION FORM

Greater Victoria **ACTIVE
COMMUNITIES**



FOR RESIDENTS OF THE DISTRICT OF OAK BAY

The District of Oak Bay residents may now apply for a Leisure Assistant Pass directly with Recreation Oak Bay. Residents from municipalities 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 pass at a participating venue (see list on next page), one support person will be given 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 (if you have previously had a pass issued by RIV)

Completed applications can be submitted to:

In-person or by mail to:

Oak Bay Recreation Centre
1975 Bee Street
Victoria, BC
V8R 5E6

If you have any questions, please contact the support and Inclusion Team Leader with Recreation Oak Bay at 250-886-8248 or inclusion@oakbay.ca

Participating regional partners:



PARTICIPATING VENUES (Subject to Change):

All local municipally funded recreation centres and facilities

Art Gallery of Victoria (250-384-4171)

Boulderhouse Climbing (778-265-9342)

The Boulders Climbing Gym (250-544-0310)

Community Centres - *Burnside Gorge, Fairfield, Fernwood, James Bay, Oaklands, Quadra Village, and Victoria West*

Butchart Gardens (250-652-4422)

CARSA - Centre for Athletics, Recreation & Special Abilities (250-472-4000)

Craigdarroch Castle (250-592-5323) *Note: not wheelchair accessible*

'Discover the Past' Ghostly Walks & History Tours (250-384-6698)

Flying Squirrel - Victoria location (778-404-1778) *Completion of waiver & purchase of re-usable trampoline socks required*

Galey Farms (250-477-4450) *Includes a 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 *Some restrictions apply. Enquiries to: melissa@rmts.bc.ca or 250-361-0808 between 8:30am to 4:30pm Monday to Friday. Please include the performance you are interested in.*

Seasonal Productions of Intrepid Theatre (250-383-2663) *Ex. Victoria Fringe Festival*

Shaw Centre of the Salish Sea (250-665-7511)

Sidney Spit Ferry (250-474-5145 ext. 232) *Operated by Alpine Group. *Admission discount, not fully waived. Note: not wheelchair accessible.*

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) *Some restrictions apply. By appointment only. Enquiries/bookings to guestservices-victoria@wildplay.com*

NEW APPLICANTS - Complete sections 1-3

RENEWING APPLICANTS - Complete sections 1 & 2 only (if you have previously had a pass issued by RIV)

SECTION 1 Applicant Information

NEW CARD

RENEWING CARD

FIRST & LAST NAME:

DATE OF BIRTH (dd/mm/yyyy):

STREET ADDRESS:

POSTAL CODE:

EMAIL:

PRIMARY PH #:

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 their support person 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: _____

FOR OFFICE USE ONLY	
Date received:	By Reception Staff Name:
If RENEWING, expired pass shown?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NEW, copy of secondary documentation taken OR health care professional authorization section complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Application approved?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Applicant contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Photo taken & card printed?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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. Please contact Corporate Services District of Oak Bay by calling 250-598-3311 or emailing foi@oakbay.ca if you have questions about the collection or use of this information.

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.

If you are unable to provide the information below please contact Recreation Oak Bay at 250-595-7946 or email inclusion@oakbay.ca for options.

PART A: Please provide a copy of one of the listed documentations below. If you cannot provide this, please complete Part B.
<input type="checkbox"/> CNIB ID Card
<input type="checkbox"/> Access 2 Card
<input type="checkbox"/> Federal Disability Pension Statement
<input type="checkbox"/> Provincial Disability Supplementary Income Statement
<input type="checkbox"/> Other: _____

PART B: For completion by health care professional. If you cannot provide a copy of one of the secondary documents noted in Part A, please have your health care professional complete the section 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 (eg. RSW, CLBC Analyst or Facilitator etc)
<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, when accessing leisure activities.

HEALTH CARE PROFESSIONAL NAME:	
PRACTICE/SERVICE ADDRESS:	POSTAL CODE:
PROFESSIONAL REGISTRATION #:	PHONE #:
SIGNATURE:	DATE: