

**WILMOT AQUATIC CENTRE
LEISURE BUDDY CARD
APPLICATION FORM**

To assist in the leisure needs of persons with a physical or mental disability, Wilmot Aquatic Centre has a Leisure Buddy Card. The Leisure Buddy Card is available for a program participant, who requires direct supervision due to a physical or mental disability to participate in a recreational program. This card will allow a personal attendant to accompany the program participant without charge.

Who is eligible for a Leisure Buddy Card?

You are eligible if you meet the following 2 requirements (Statistics Canada):

1. You are a person with a disability and your disability restricts you from performing activities within the range that is considered normal and,
2. Your disability can NOT be eliminated by the use of a technical aid like eyeglasses.

Attendant Requirements

Attendants must be 15 years of age or older. Different attendants can help the program participant on different days.

If an attendant would be taking part in an activity with a PAL cardholder, regardless of his or her disability, the attendant would be expected to pay the program fee. For example, if a child, who has a PAL card, does not meet our age requirement to swim alone during a family or open swim at the pool, an adult would have to supervise the child and pay the swim fee.

Temporary Disability

If you have a temporary disability, you can still apply! If you just had surgery and will need assistance only for a little while you will be issued a "Temporary" Leisure Buddy Card, as long as you meet the two above requirements.

How can I get a Leisure Buddy Card?

1. Complete the application form.
2. Return the application to the address at the bottom of the application. Once the application has been approved, a Leisure Buddy Card will be forwarded to you.
3. When you receive your card, sign your name on the space provided. You are now welcome to attend designated Township of Wilmot programs with a personal attendant.

Drop off or Email Wilmot Recreation Complex 1291 Nafziger Road Baden, ON Angela.bylsma@wilmot.ca	Mail to: Township of Wilmot 60 Snyder's Road West Baden, ON N3A 1A1 Attention: Aquatics Division
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APPLICATION FOR

Participants Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Alternate Number: _____

Email _____

To determine eligibility requirements, please answer the following questions:

1. Is the disability: Permanent Temporary

If temporary, please indicate length of time required:

2. Is the disability eliminated by the use of a technical aid (e.g. eyeglasses?) Yes No

Specify the reason for the request:

Signature

Date

Office Use

Date Received: _____

Card Number: _____ Expiry Date: _____

Issuing Signature: _____