

Township of Wilmot
PAL CARD
APPLICATION FORM

The PAL cards will be issued to assist in the leisure needs of persons with a physical or mental disability, in the Township of Wilmot in addition to other local Municipalities in the Waterloo Region. The PAL 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 or hearing aids.

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” PAL Card, as long as you meet the two above requirements.

Attendant Requirements

Attendants must be 15 years of age or older. Different attendants can help the program participant on different days. There is no extra cost as the attendant is there to make sure the cardholder can participate and enjoy the activity and are not there to participate themselves.

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 the 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.

Where can I use my card?

We accept the PAL card for Township of Wilmot-run programs such including:

- Recreational Swims
- Public Skates

Please present your PAL card when paying for your program.

PAL cards may also be used with the Cities of Cambridge, Guelph, Kitchener, and Waterloo and the Township of Woolwich programs. Please verify with these organizations regarding what programs apply.

Exclusions

You cannot use the PAL card for ticketed events at our facilities run by third-party organizations, businesses, or promoters.

Please verify with our partners for any exclusions to their program.

References

At present, the Township of Wilmot does not require a medical certificate for PAL Card eligibility. However, it is necessary to have verification that the applicant has a disability. Therefore, references are required. The references must professionally work directly with the applicant and can verify the applicants disability.

Acceptable References include: physicians, therapeutic recreationists, occupation therapists or physiotherapists, speech language pathologists, teachers, clergy, etc. All references will be contacted by Township of Wilmot staff before the PAL Card application is approved. If you wish you may submit written verification along with your application from any of the acceptable references listed above.

How can I get a PAL Card?

1. Complete the application form.
2. Ensure you have notified your references.
3. Return the application to the address at the bottom of the application.
 - a. Drop off the completed form at the Wilmot Recreation Complex, 1291 Nafziger Rd Baden ON
or
 - b. Email the Completed Application to angela.bylsma@wilmot.ca
4. Once the application has been approved, a PAL Card will be forwarded to you.

**WILMOT AQUATIC CENTRE
PAL CARD
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:

REFERENCES: Please notify references of your application.

Only list places of business (personal home phone numbers are not acceptable).

1. Name : _____

Phone Number: _____

Occupation: _____

2. Name : _____

Phone Number: _____

Occupation: _____

The statements made above are, to the best of my knowledge, complete and accurate. I understand that the Township of Wilmot will contact the references and that approval of this application depends upon verification that the applicant is a person with a disability who would require an attendant.

Personal information in relation to this process is collected under the authority outlined in the Municipal Freedom of Information and Protection of Privacy Act. This information will be used only for the purpose for which it is intended. If you have any questions regarding this collection of personal information, you can contact the Freedom of Information and Privacy Coordinator, who can be reached through the Clerk's Office at (519) 634-8444

Signature

Date

.....
Office Use

Date Received: _____

Card Number: _____

Issuing Signature: _____