

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 given free or reduced admission; facilitating participation, while ensuring the person with a disability does not pay double for their admission. 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

Read the program information and terms of use carefully. If you have any questions, contact SEAPARC at (250) 642-8000 or seaparc@crd.bc.ca.

- 1 Complete the application.

NEW APPLICANTS → Complete Sections 1-3

RENEWING APPLICANTS → Complete Sections 1 & 2 only

- 2 Submit your completed application to:

**In-Person or
By Mail** SEAPARC Leisure Complex
2168 Phillips Road
Sooke, BC V9Z 1H4

By Email seaparc@crd.bc.ca

By Fax (250) 642-4710

- 3 Our Reception Team will review your application, then someone will be in touch via phone or email confirming whether or not it has been approved.

Thank you for your application!



Participating Venues

- All local, municipally 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](#). Note: not wheelchair accessible. (250-592-5323)
- [“Discover the Past” Ghostly Walks & History Tours](#) (250-384-6698)
- [Flying Squirrel - Victoria Location](#) (778-404-1778). Completion of waiver and purchase of re-usable trampoline socks required.
- [Galey Farms: Corn Maze, Railway, Petting Farm](#), etc. (250-477-4450)
- [Highland Pacific Driving Range](#) (250-478-4653)
- [IMAX Victoria](#). Applicable to regular public rates only, (eligible IMAX annual pass holders will receive up to 5 attendant discounts.(250-480-4887)
- [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 Theatre and McPherson Playhouse](#): some restrictions apply. Enquiries: 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.
- [Royal BC Museum](#) (250-356-7226)
- [Seasonal Productions of Intrepid Theatre](#) (eg. Vic Fringe Festival) (250-383-2663)
- [Shaw Centre of the Salish Sea](#) (250-665-7511)
- [Sidney Spit Ferry](#): operated by Alpine Group (250-474-5145, ext. 232) *Admission discount, not fully waived. Note: not wheelchair accessible.
- [UVic Athletic & Recreation](#) Card Holders (ARAC members only) (250-721-7211)
- [Victoria Bug Zoo](#) (250-384-2847)
- [Victoria Butterfly Gardens](#) (250-652-3822)
- [Victoria YM/YWCA](#): Downtown, Eagle Creek and Westhills Locations (250-386-7511)
- [WildPlay Element Parks Victoria](#). Note: by appointment only, some restrictions apply. Enquiries/bookings: guestservices-victoria@wildplay.com (250-595-2251)

Application Form

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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 SEAPARC

How would you like to be contacted?

By Phone

By Email



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 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 Nathan Stewart, Administrative Officer, SEAPARC Leisure Complex, 2168 Phillips Road, Sooke, BC V9Z 1H4 or 250-642-8000 or nstewart@crd.bc.ca, if you have questions about the collection or use of this information.

FOR OFFICE USE ONLY	
Date Received:	Reception Staff Name:
If RENEWING, expired pass shown?	Yes / No
If NEW, copy of secondary documentation taken OR health care professional authorization section complete?	Yes / No

Secondary documentation provided? Yes / No	OR	Follow up made with Health Care Professional? Yes / No
Application approved? Yes / No		Applicant contacted?

Card Printed? Yes / No	Card Mailed?	Or In Pick-Up Drawer?
Application scanned into PM? Yes / No	Date Completed:	



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
- Other: _____

Part B – Health Care Professional Authorization *For completion 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 (RSW) |
| <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 _____

Professional Registration # _____

Practice/Service Address _____

Phone Number _____

Signature _____

Date _____

