

**SUPPORT PERSON/AGENCY REGISTRATION FORM**

**CLIENT NAME**

Full Name Date of Birth

**SUPPORT PERSON/AGENCY**

Agency Name (If applicable)

First Name Last Name

Address City/Town Postal Code

Home Phone Alternate Phone Email Address

Age Date of birth Male Female

**ADDITIONAL SUPPORT PERSONS**

Full Name	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

*\*If you require more space for additional support persons, please attach a list of names.*

Wellness Pass and Program fees will be waived for approved support persons when providing support and not participating in activities while at the Wellness Complex. **Exemptions:** Luncheons, Theatre performances and use of Therapeutic Swimming Pool facility. Please indicate your relationship to the person you are providing support:

Parent/Guardian  Paid Personal Support Person\*  Family Member  Friend

**TERMS & CONDITIONS**

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The Recreation and Culture Division may require that a person with a disability (hereinafter referred to as the applicant) is accompanied by a support person at a specific location if a support person is necessary to protect the health and safety of the person with a disability, or the health and safety of others. This requirement is communicated through the follow up with the Community Development and Volunteer Coordinator and/or Supervisor Customer Service/Administration.

The applicant may be required to provide appropriate documentation from their health care professional.

There is no fee charged for the Support Person Pass. However, fees for theatre performances, special events, program enrollment, punch card activities and/or kitchen service fees will apply. There is a \$3 replacement fee for lost or stolen cards.

The support person must scan their pass when attending the Wellness Complex in a support person capacity.

This Support Person Pass is valid for 1 (one) year, from date of issue, after which an application for renewal must be filed.

Misuse or abuse of this card shall result in the immediate termination and confiscation of the card and its privileges.

**PLEASE READ, SIGN AND DATE**

I, \_\_\_\_\_ understand that if I wish to participate in programs and activities while at the Wellness Complex in a Support Person capacity and that I need to have a personal Wellness Pass and pay program fees that I will be participating in. Further, understanding that there is a registration process should I desire to do so.

Date

**OFFICE USE ONLY**

**Who is our notification contact person?**

- Applicant     Support Person     Parent/Guardian

**Support person is:**

- Parent/Guardian     Paid Personal Support Person\*     Family Member     Friend

**General Information:**

- The support person must scan their pass when attending the Wellness Complex in a support person capacity.
- This Support Person Pass is valid for 1 (one) year, from date of issue, after which an application for renewal must be filed.

There is no fee charged for the Support Person Pass. However, fees for theatre performances, special events, program enrollment, punch card activities and/or kitchen service fees will apply. There is a \$3 replacement fee for lost or stolen cards.

- If you wish to participate in any activities in a non-support capacity you will require a personal Wellness Pass and pay program fees.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Copy provided to applicant \_\_\_\_\_ CSC Initial
- Alert text added to account \_\_\_\_\_ CSC Initial

\_\_\_\_\_

Staff Name

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**Status**     Completed    CSC Initial \_\_\_\_\_  
CD&VC/SCS Initial \_\_\_\_\_

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