



Attendant Admission Program Application – Individual

Please email completed applications to inclusionsupport@regina.ca

Name: _____

Date of Birth: _____ Gender: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Please describe why you require an attendant: _____

1. Please check one:

- I require a support person to access City of Regina sport & leisure facilities and programs. The nature of my disability requires this support indefinitely.
- I require a support person to access City of Regina sport & leisure facilities and programs.

The nature of my disability requires this support for the following period of time: _____
Expected date of recovery _____

2. Age of the individual requiring support (check one):

- Adult(18+):
- Youth (13-17):
- Child (2–12) :

Signature Date
(Caregiver/Guardian may sign on behalf of the person with a disability)

Attendants are required to assist the person with a disability and not pursue their own leisure activity. This privilege can be revoked at any time should the City of Regina guidelines not be followed.

To be completed by City of Regina staff:

Approved for attendant: Yes _____ No _____

Approved by: _____

Comments: