



City of Regina

ATTENDANT ADMISSION PROGRAM APPLICATION - INDIVIDUAL

Name: _____

Date of Birth _____ Sex: M ___ F ___

Street Address: _____

City: _____ Postal Code: _____

Telephone: (h) _____ (w) _____

E-mail: _____

1. Please state why you require an attendant admission: _____

2. 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 _____

3. Age of the individual: Adult (18+) ___
Youth (13-17) ___
Child (2-12) ___

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

Date

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 an attendant: Yes ___ No ___

Comments:

Sarah Huget, Administration Clerk City of Regina

Forward Applications to:

Community Services
Queen Elizabeth II Court | 2476 Victoria Avenue
PO Box 1790 | REGINA SK S4P 3C8
P: 306-777-7157 | F: 306-777-6956
Regina.ca