Attendant Admission Program Application – Individual

This form is for individuals who require an attendant to support them during visits to sport & leisure facilities.

Application forms can be submitted to inclusionsupport@regina.ca.

Name of person requiring an attendant: _____

Date of Birth (day/month/year): _____ Gender Pronouns: _____

Street Address: _____

City: _____Postal Code: _____

Phone:_____Email: _____

1. Is more than 1 attendant required at one time? ☐ Yes ☐ No
2. Please describe why you require an attendant(s):

3. 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.

   ____ The nature of my disability requires support for a temporary amount of time. Please indicate the length of time:

I understand that attendants are required to support the applicant and not pursue their own leisure activity. This privilege can be revoked at any time should the City of Regina guidelines not be followed.

Name of Signee (Caregiver/Guardian may sign on behalf of the person with a disability):

_____

Signature: _____

Date: _____

To be completed by City of Regina staff:

Approved for attendant: Yes_____ No_____

Approved by: _____ Comments: