



# Leisure Access and Ride Transit Programs

## APPLICATION FORM

### APPLICANTS - include spouse and dependents 17 and under in household (if applicable)

FIRST NAME	LAST NAME	POST-SECONDARY SCHOOL ENROLLED (if applicable)	RELATION TO APPLICANT	MEMBER BARCODE (if applicable)	DATE OF BIRTH MM/DD/YYYY
			MAIN APPLICANT		

\*Additional family members to be written on a second application form

### REQUIRED APPLICANT INFORMATION

<b>Current Physical Address:</b>	<b>Postal Code:</b>	<b>Application:</b> <input type="checkbox"/> Renewal <input type="checkbox"/> New <input type="checkbox"/> Adding Members
<b>Mailing Address (if different from physical address):</b>	<b>Postal Code:</b>	<b>Phone #:</b>
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated / Divorced* <input type="checkbox"/> Married / Common-law* <input type="checkbox"/> Widowed	<b>Email Address:</b>	
<b>*If your spouse / common-law partner does not live with you:</b> Has your spouse ever been to Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes Is your spouse living in long term custodial/medical care? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Are you or anyone listed under Additional Family Members CURRENTLY enrolled full time in a post secondary school?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes; If yes, Please list the school name next to that family members name above.		
<b>If yes, Do you have access to to any of the following amenities included in your tuition fees:</b> Recreation Facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No UPASS (Student bus pass) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are any listed members of the household a Disabled Adult Transit Service (DATS) client?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list Client Number(s): _____		
<b>Are any listed members of the household a Canadian National Institute for the Blind (CNIB) cardholder?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list who: _____		

**Please ensure all portions of the application are complete, qualifying and address verification documents (dependents if applicable) are attached, and the back of this form is signed.**

## SUBMITTING THE APPLICATION

Applications can be dropped off in-person at the following locations:

- Your nearest City of Edmonton Recreation Centre or Attraction (visit [edmonton.ca/lap](http://edmonton.ca/lap) for participating facilities and hours)
- Edmonton Service Centre, Edmonton Tower, 2nd Floor, 10111 104 Avenue NW  
Monday - Friday; 8:00am - 4:30pm; Closed Holidays

Applications can be mailed in through Canada Post to the following mailing address:

**Leisure Access & Ride Transit Program**  
**PO Box 2359, Edmonton, AB T5J 2R7**

## CONSENT

- I am the main applicant and it is my responsibility to inform all members of my household about the program and conditions of use. If any members have a current paid membership it will be their responsibility to withdraw/cancel it.
- The information I have provided in this application is true and complete.
- I give the City of Edmonton my permission to check the information within this application for the purpose of assessing my application.
- If anyone in my household has a change of address, income, or school status, I will notify the program administration immediately.
- I understand misuse of the program privileges or misinformation provided on this application may result in a loss of privilege or penalty.
- If a spouse/common law partner was listed on this application I confirm that I have reviewed the terms and conditions with this individual and they have also agreed to these terms and conditions. If I am the guardian of the main applicant and signing on their behalf, then I will ensure to complete and include a Release of Information and Responsibility Form.
- I acknowledge that the postal code and date of birth for all dependents aged 17 and under on this application will be provided to the Canadian Tire Jumpstart Charity for the purpose of monitoring the amount of subsidy being provided to each child as part of the City of Edmonton and Canadian Tire Jumpstart Charity funding agreement.

**MAIN APPLICANT / GUARDIAN SIGNATURE**

**DATE (MM/DD/YYYY)**

***\*If you are a guardian, trustee or signing on behalf of a Child under Government Care, you must also submit the LAP - Release of Information and Responsibility form\****

Freedom of Information and Protection of Privacy (FOIP) Statement: This personal information is being collected under the authority of section 33(c) of the FOIP Act and will be used to administer program registrations, membership management and pass sales for the City of Edmonton. Aggregate data will be used for program planning and evaluation. Postal code and date of birth data for dependents aged 17 years of age and younger will be provided aggregated to Canadian Tire Jumpstart Charity for the purpose of monitoring subsidy amounts being provided as part of the funding agreement. Approved applications with supporting documentation will be destroyed 30 days from approval date. Declined applications with supporting documentation will be destroyed 90 days after the notification is sent to the applicant. For questions about the collection, use or disclosure of your personal information please contact (780)496-4918 or visit 2nd Floor, Edmonton Tower, 10111-104 Ave Edmonton.

### For Admin Office Use Only

- |                                       |                                     |                                     |   |
|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> LAP Annual   | <input type="checkbox"/> Ride Basic | <input type="checkbox"/> NOA        | <input type="checkbox"/> EI             |
| <input type="checkbox"/> LAP+         | <input type="checkbox"/> Ride +     | <input type="checkbox"/> AISH       | <input type="checkbox"/> CPP            |
| <input type="checkbox"/> LAP Monthly  | <input type="checkbox"/> Ride Lite  | <input type="checkbox"/> PR/Refugee | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> 4MPS Basic/+ | <input type="checkbox"/> 4MPS Lite  | <input type="checkbox"/> CUGC       |   |

Not Approved - LAP    Not Approved - Ride

Over Income Threshold    Student    Out of Town    Senior/Child    CNIBCard    Visa/Permit

Approved By:

Entered By:

Expiry Date:

