# Leisure Access and Ride Transit Programs

**APPLICATION FORM**

## FAMILY MEMBERS IN HOUSEHOLD (include spouse and dependents 17 and under if applicable)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>POST-SECONDARY SCHOOL ENROLLED (if applicable)</th>
<th>RELATION TO APPLICANT</th>
<th>MEMBER BARCODE (if applicable)</th>
<th>DATE OF BIRTH MM/DD/YYYY</th>
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*Additional family members to be written on a second application form

## REQUIRED MAIN APPLICANT INFORMATION

<table>
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<tr>
<th>Current Physical Address:</th>
<th>Postal Code:</th>
<th>Application:</th>
<th>Marital Status:</th>
<th>Email Address:</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address (if different from physical address):</td>
<td>Postal Code:</td>
<td>Phone #:</td>
<td>□ Single □ Legally Separated / Divorced*</td>
<td>□ Married / Common-law* □ Widowed</td>
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</table>

*If your spouse / common-law partner does not live with you:

Has your spouse ever been to Canada? □ No □ Yes
Is your spouse living in long term custodial/medical care? □ No □ Yes

Are you or anyone listed under Additional Family Members CURRENTLY enrolled full time in a post secondary school? □ No □ Yes; If yes, Please list the school name next to that family members name above.

If yes, Do you have access to to any of the following amenities included in your tuition fees:
Recreation Facilities: □ Yes □ No  UPASS (Student bus pass) □ Yes □ No

Are any listed members of the household a Disabled Adult Transit Service (DATS) client? □ No □ Yes
If yes, please list Client Number(s): __________________________________________

Are any listed members of the household a Canadian National Institute for the Blind (CNIB) cardholder? □ No □ 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/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

*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 dependants 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

- LAP Annual  
- LAP+  
- LAP Monthly  
- 4MPS Basic/+  
- Not Approved - LAP  
- Over Income Threshold  
- Student  
- NOA  
- AISH  
- PR/Refugee  
- 4MPS Lite  
- Income Support  
- Out of Town  
- Senior/Child  
- Approved By:  
- Entered By:  
- Expire Date:  

Leisure Access & Ride Transit Program (Updated Mar 2020)