



The Corporation of the City of Cambridge, Community Services Department

Main Floor, 50 Dickson Street, P.O. Box 669, Cambridge, Ontario, N1R 5W8



Leisure Buddy Application & Participant Information
(For Children who require additional staff support in recreational programs)

We would like to make your child's leisure experience a success. Please help us by completing the following information. The information you provide will be used to arrange for appropriate support and to assist recreation staff to make your child's experience positive.

Child's Name: (Please print) Name of Program: (Name/Date/Location/Time)

Home Address: (Street) (City) (Postal Code)

E-mail: Child's Age: Child's Sex: Child's Birth Date: (Day/Month/Year)

1. Name of Parent/Guardian: Phone #: (H) (W) (C)

2. Name of Parent/Guardian: Phone #: (H) (W) (C)

3. Please describe your Child's disability or special need (please be specific):

4. Please identify what type of assistance you child receives at home and at school (please be specific):

5. Please identify what type or assistance your child will require to participate in a recreational program (please be specific):

6. Does your Child use a wheelchair? Yes No Manual Electric

7. Does your Child use any other type of equipment in everyday activities or tasks? (e.g. braces, canes, crutches, hearing aid) Please Identify:

8. Please indicate your Child level of independence in mobility. Dependant Assistance Required Independent

9. Please indicate your Child level of independence in transfers. Dependant Assistance Required Independent

10. Please indicate your Child level of independence in dressing. Dependant Assistance Required Independent

11. Does your Child wear a diaper? Yes No

12. Does you Child require assistance with toileting? Yes No If yes please describe assistance required:

13. Please describe you Child's behavior in terms of activity level, attention span, impulsiveness, etc.

14. Please identify any triggers that may initiate a behavioral outburst:

15. Please indicate any strategies/techniques that you find useful in managing your Child's behavior:

16. Other Comments:

Upon review of this application, a staff representative from the municipality will contact you to discuss your request.



LEISURE BUDDY PROGRAM PROVIDES ONE-TO-ONE SUPPORT FOR KIDS IN CAMBRIDGE

The Leisure Buddy Program is a service designed to provide support to people with disabilities in recreation programs

VISION:

The vision of the program is to facilitate the provision of recreation opportunities for individuals with disabilities, so that all people have the opportunity to participate in the programs and activities of their choice.

OUR GOAL:

To provide support to persons with disabilities who require varying levels of assistance to access and participate in both municipal and community based programs.

WHO CAN REQUEST A LEISURE BUDDY?

Persons with a disability who are unable to independently access recreation programs without support, who are between the age of 3 and 25 can access the Leisure Buddy Program.

THE PROCESS:

Step 1: Contact the Community Services Department for an application at: 519.740.4681 ext. 4292 or download an application from www.city.cambridge.on.ca

Step 2: Complete the application on the backside of this paper and mail, fax, or email to:
Robyn Hyland, Inclusion Coordinator
50 Dickson Street, Main Floor
P.O Box 669
Cambridge, ON, N1R 5W8
hylandr@cambridge.ca
(fax) 519.740.7302

*Requests for support should be made **NO LESS** than 2 weeks prior to the program start date.*

Step 3: Upon receiving your application, a staff representative from the City of Cambridge will contact you to discuss and attempt to arrange suitable support through either a staff or volunteer worker.

MATCHING THE PARTICIPANT WITH A LEISURE BUDDY:

Please note that every effort is made to find a suitable Leisure Buddy, however matching is based on availability of volunteers and staff.

For more information about the Leisure Buddy Program contact: 519.740.4681 ext. 4292 or TTY: 519.623.6691 or email, hylandr@cambridge.ca