

ACCESS 2 ENTERTAINMENT CARD APPLICATION FORM

2013



SECTION A: Overview

The **Access 2 Entertainment**™ card provides free admission for support persons accompanying a person with a disability at member movie theatres and selected attractions across Canada. The person with the disability pays regular admission.

This program was developed by an advisory group of nine national disability organizations, in conjunction with Cineplex Entertainment and the Motion Picture Theatre Association of Canada.

Persons with a permanent disability who require a support person when attending a movie theatre or attraction are eligible for the card. The applicant must agree to follow the terms and conditions for use of the card (see reverse side).

A support person is an individual who accompanies a person with a disability to provide those services that are not provided by movie theatre/attraction employees, such as assisting the person with eating, administering medication, communication and use of the facilities.

There is a \$20 fee to acquire the Access 2 Entertainment Card. The card will be valid for 5 years and can be used at all Access 2 Entertainment Card Partners.

Access 2 Entertainment is managed by Easter Seals Canada.



TERMS AND CONDITIONS:

1. The application form must be submitted by a person with a disability or a legal guardian on his or her behalf.
2. The applicant must be a client of the authorizing health care professional/service provider. The authorized health care provider signing section C must NOT be related to the applicant.
3. If the applicant has a CNIB ID card or an Easter Seals Disability Travel Card, a photocopy of either one can be submitted as authorization. (in this case you do not have to complete section C. DO NOT SEND ORIGINALS)
4. This card is valid for a period of 5 years from date of issue after which a renewal application form must be filed with Easter Seals Canada.
5. The applicant must be identified as having a disability that requires a support person/attendant while attending an entertainment, cultural, recreation or attraction. This must be verified by a registered health care provider or a recognized service provider (see section C for a complete list of regulated health care providers).
6. The applicant must present the Access 2 Entertainment card at the movie theatre or selected attraction or venue box office when purchasing his or her own ticket. The Access 2 Entertainment card cannot be used in such a way where 2 free entries are granted. One individual must pay admission, regardless of other promotions. Anyone 18 years old and over can act as the cardholder's attendant. Photo Identification is NOT necessary, however the theatre or attraction may ask to see a second piece of photo identification.
7. The person with a disability and support person must attend the movie or attraction together.
8. The discounted admission fee for the support person will be free or no more than \$3.00 at movie theatres and attractions. Prices may vary from theatre chain to chain or entertainment venue. No advanced tickets or admissions can be obtained with this card. For theatres: admission tickets can only be issued on the day of the selected movie.
9. Tickets can only be purchased in person together with their attendant attending the same show. Under no circumstances are tickets to be resold.
10. This program is administrated by Easter Seals Canada on behalf of the Access 2 Entertainment Partners. Upon submission of your complete application please allow 4 to 6 weeks for processing of your application and delivery of your Access 2 Entertainment card.
11. There is a \$20 replacement fee for a lost or stolen card. Please send a cheque made out to Easter Seals Canada to 40 Holly St. suite 401, Toronto, ON, M4S 3C3. Or pay online with a credit card at www.access2card.ca
12. Applications that are incomplete or improperly completed will not be accepted. The applicant will be notified and asked to resubmit a complete and corrected application.
13. The Access 2 Entertainment card is a privilege, not a right. Misuse or abuse of this card shall result in the immediate termination and confiscation of the card and its privileges.
14. These terms and conditions are subject to change without notice under the authority of the Access 2 Entertainment Partnership.

SECTION B: PERSONAL INFORMATION

PLEASE PRINT CLEARLY – *Required Fields

*Applicant's Name: _____
 (Person with disability) First Name Last Name

New Applicant Renewal Applicant

If you are a NEW applicant submit section B and C. For RENEWAL applicant only submit section B. If you are **RENEWING** your expired card, please provide the barcode of your expired card

- # # # #

Do you speak French fluently? Yes No * Date of Birth: / /

*Address: _____ Apt. #: _____

*City: _____ *Province: _____ *Postal Code: _____

*Telephone: () _____ *Email: _____

Do you have a: CNIB client ID card or Easter Seals Disability Travel Card

If yes, tick () the appropriate box and attach a copy of the card. **Do not send originals. If no, complete Section B and have your health care provider fill in Section C.**

PLEASE NOTE:

We are unable to process your application without the \$20 administration fee. Please indicate your form of payment. We advise NOT to send cash.

Cheque for \$20. Money Order for \$20.

Online Credit Card Payment (visit www.access2card.ca to pay online)

Name of credit cardholder if different than the applicant: _____

PRIVACY:

Easter Seals Canada is committed to protecting the privacy, confidentiality, accuracy, and security of any personal information that we collect, use, retain, and disclose in the course of the services we offer.

I give permission to Easter Seals to contact me for promotions and updates.

I hereby certify that I have read and understood all the terms and conditions as set forth in the application for the Access 2 Entertainment card.

*Applicant's signature: _____ * Date: _____

SECTION C: HEALTH CARE PROVIDER INFORMATION

I hereby certify that this applicant is my client and is a person with a disability in accordance with the provisions of the Access 2 Entertainment card application form's terms and conditions. (Please refer to page 2 of the application form)

1. The client has a permanent disability,
2. As a result of the disability, the client requires the assistance of an attendant at movie theatres or entertainment venues

PLEASE PRINT CLEARLY – * Required Fields

*Name of Applicant: _____
 (Person with disability) First Name Last name

*Name of Authorized Health Care Provider: _____
First Name Last name

Name of Organization (if applicable): _____

*Address: _____

*City: _____ *Province: _____ *Postal Code: _____

*Telephone: () _____ Email: _____

*Please indicate () the category of Authorized Health Care Provider:

- | | |
|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Nurse (RN or RNA) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Social Worker (RSW) | <input type="checkbox"/> Recreational Therapist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Educateur/rice (Quebec Only) |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Executive Director of a Disability Services Provider |
| <input type="checkbox"/> Board Certified Behaviour Analyst | (Must provide Name of Director and the Organization) |

*Registration Number: _____ *

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Health Care Provider's

*Signature: _____ Date: _____

ACCESS 2 ENTERTAINMENT CARD APPLICATION FORM CHECKLIST

- Has Section B been completed by, or on behalf of, a person with a disability?
- Has Section C Healthcare Provider been completed?
- Are you sending Section B and Section C of the application form only? (It is not necessary to return the entire application form).
- Have you enclosed a cheque or money order for \$20 made payable to Easter Seals Canada?
- Have you enclosed a self-addressed, stamped, business-size envelope? (4"x9.5")

Before submitting your application, see Application Form Checklist.
Please mail your application form, a cheque or money order to Easter Seals Canada for \$20 and a self-addressed, stamped, business-sized envelope to:
Access 2 Entertainment C/O Easter Seals Canada
40 Holly Street, Suite 401 Toronto, Ontario M4S 3C3
Please allow 4 to 6 weeks for processing of your application and delivery of your Access 2 Entertainment card



The Access 2 Entertainment Card has been made possible in large part to the work done by the people at Cineplex. Visit their website www.cineplex.com for more information and show times

For more information and regular updates, please visit our website at www.access2card.ca

Phone: 1-877-376-6362
Fax: 416-932-9844
Email: a2e@easterseals.ca

Access 2 Entertainment™ is a trademark of Easter Seals™ Canada.



National Advisory Group of Disability Organizations



Canadian Abilities Foundation

Tel: (416) 923-1885
Web: www.abilities.ca



Alliance for Equality of Blind Canadians

Tel: (800) 561-4774
Web: www.blindcanadians.ca



Canadian Hard of Hearing Association

Tel: (613) 526-1584 Toll Free: (800) 263-8068
Web: www.chha.ca



Canadian Association of the Deaf

Tel: (613) 565-2882 TTY: (613) 565-8882
Web: www.cad.ca



Canadian National Institute for the Blind

Tel: 1-800-563-2642
Web: www.cnib.ca



Multiple Sclerosis Society of Canada

Tel: (416) 922-6065 Toll Free: (800) 268-7582
Web: www.mssociety.ca



People First Of Canada

Tel: (204) 784-7362 Toll free: (866) 854-8915
Web: www.peoplefirstofcanada.ca



Independent Living Canada

Tel: (613) 563-2581 TTY: (613) 563-4215
Web: www.cailc.ca



Canadian Paraplegic Association

Tel: (613) 723-1033
Web: www.canparaplegic.org



Easter Seals Canada

Tel: (416) 932-8382
Web: www.easterseals.ca