

ACCESS 2 ENTERTAINMENT™ CARD APPLICATION FORM



SECTION A

The **Access 2 Entertainment™** card provides free admission (or a significant discount) for support persons accompanying a person with a disability at member movie theatres across Canada. This program was developed by an advisory group of nine national disability organizations, in conjunction with Famous Players and Cineplex Galaxy (now Cineplex entertainment).

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

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

There are two ways to apply for the card.

1. If the applicant has a CNIB client ID card, **or** the Disability Travel Card™ (issued by Easter Seals Canada),
 - Complete Section B.
 - Attach a photocopy of either the CNIB client ID card, **or** the Disability Travel Card™. Do not send originals.
 - **Note:** With either of these cards, Section C is not required.
 - Only these cards will be accepted to support the application.
2. If the applicant does not have a CNIB client ID card, **or** the Disability Travel Card™,
 - Complete Section B.
 - Have your health care provider complete Section C, and attach to Section B.
 - The application for the **Access 2 Entertainment™** card must be verified by a Registered Health Care Provider as defined in this application form.
 - **Note:** The applicant must be a client/patient of the authorizing health care provider.

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 identified as having a disability by a registered health care provider or a recognized service provider and he/she must be a client/patient of the authorizing health care professional/service provider.
3. The applicant must present the **Access 2 Entertainment™** card along with personal identification at the movie theatre Box Office when purchasing his or her own movie ticket.

4. The person with a disability and support person must attend the movie together.
5. The discounted admission fee for the support person will be free or no more than \$3.00. Prices may vary from theatre chain to chain.
6. This program is administrated by Easter Seals™ Canada on behalf of the **Access 2 Entertainment™** Partners and the National Advisory Group of Disability Organizations. **Please allow 4 to 6 weeks for processing of your application and delivery of your Access 2 Entertainment™ card.**
7. This card shall be valid for a period of 5 years from date of issue after which a renewal application form must be filed with Easter Seals™ Canada.
8. Misuse or abuse of this card shall result in the immediate termination and confiscation of the card and its privileges.
9. These terms and conditions are subject to change without notice under the authority of the Access 2 Entertainment Partners and the National Advisory Group of Disability Organizations.

SECTION B: PERSONAL INFORMATION

PLEASE PRINT

Applicant's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Email: _____

Do you have a:

- CNIB client ID card, **or**
- Disability Travel Card (issued by Easter Seals™)

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 out Section C.

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 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

PLEASE PRINT

Name of Applicant: _____

Name of Authorized Health Care Provider:

Registration Number (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Email: _____

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

- Physician
- Nurse (RN or RNA)
- Social Worker
- Occupational Therapist
- Physiotherapist
- Pharmacist
- Rehabilitation Counsellor
- Audiologist
- Recreational Therapist
- Kinesiologist
- Psychologist

Other (explain): _____

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 hereby certify that the applicant is a person with a disability in accordance with the provisions of the **Access 2 Entertainment™** card application and this applicant is a client/patient of mine.

Signature: _____

Date: _____

SECTION D: ACCESS 2 ENTERTAINMENT™ CARD PARTNERS

Participating Theatre Chains Include:

Famous Players

www.famousplayers.com

Cineplex Galaxy LP

www.cineplexgalaxy.com

Empire Theatres

www.empiretheatres.com

Landmark Cinemas

www.landmarkcinemas.com

Rainbow Cinemas

www.rainbowcinemas.ca

Magic Lantern Cinemas

www.rainbowcinemas.ca

Capital Theatres (Yellowknife)

Theatre Near You (Burnaby, Surrey, New Westminster BC)

... and other Members of the Motion Picture Theatre Associations of Canada. Check with your local theatre to confirm participation in this program.

National Advisory Group of Disability Organizations

Canadian Abilities Foundation

Tel: (416) 923-1885

Web: www.abilities.ca

Canadian Association of the Deaf

Tel: (613) 565-2882

TTY: (613) 565-8882

Web: www.cad.ca

Canadian Association of Independent Living

Tel: (613) 563-2581

TTY: (613) 563-4215

Web: www.cailc.ca

Canadian Hard of Hearing Association

Tel: (613) 526-1584

Toll Free: (800) 263-8068

Web: www.chha.ca

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

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

Multiple Sclerosis Society of Canada
Tel: (416) 922-6065
Toll Free: (800) 268-7582
Web: www.mssociety.ca

Alliance for Equality of Blind Canadians
Tel: (800) 561-4774
Web: <http://www.blindcanadians.ca/>

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

This program is administrated by Easter Seals™ Canada.

**Before submitting your application, see attached Checklist.
Please mail your application form and a self-addressed, stamped, business-sized envelope to:**

**Access to Entertainment
90 Eglinton Avenue East, Suite 208
Toronto, Ontario
M4P 2Y3**

Please allow 4 to 6 weeks for processing of your application and delivery of your Access 2 Entertainment™ card.

Additional application forms are available from all members of the Access 2 Entertainment™ Card Partnership.

To locate accessible resources and access to entertainment partners in your community, please visit Access Guide Canada at www.abilities.ca/agc.



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

Alternate Formats Are Available Upon Request.
ACCESS 2 ENTERTAINMENT™ CARD
APPLICATION FORM CHECKLIST

- Has Section B been completed by, or on behalf of, a person with a disability?
- Is Section B signed and dated by the applicant (a person with a disability) or his/her legal guardian?
- If the applicant has a CNIB client ID card, **or** the Disability Travel Card™ (issued by Easter Seals™), did you include a PHOTOCOPY of the client ID card? (Do not send original cards.)
- Have you enclosed a self-addressed, stamped, business-size envelope?

If the applicant does not have a CNIB ID card or the Disability Travel Card, is Section C signed and dated by a health or service provider (NOT a family member)?