GRADES 5 & 6

Active Pass Application Form

ABOUT

Grade 5 and 6 students residing in the City of Maple Ridge can experience the positive benefits of leisure and recreation at no charge!

Eligible students will have FREE access to drop-in activities offered through Maple Ridge Recreation Services at the Maple Ridge Leisure Centre (MRLC), Albion Community Centre (ACC) Hammond Outdoor Pool (HOP), and Planet Ice Maple Ridge (PIMR).

GRADE 5

Eligible Grade 5 Students in the 2024/2025 School Calendar will receive a pass valid Sept 2, 2025 – Sept 7, 2026.

GRADE 6

Eligible Grade 6 Students in the 2024/2025 School Calendar will receive a pass valid Sept 2, 2025 – Dec 31, 2025.

ACTIVITIES

The Grade 5 & 6 Active Pass provides access to a variety of activities:

- Drop-In Indoor/Outdoor Swimming (MRLC/HOP)
- Public Ice Skating* (PIMR)
- Drop-In Gymnasium Activities (MRLC)

* Skate and helmet rentals are an extra charge. For more information, visit planetice.ca/maple-ridge.

SCHEDULES

For more information about our current activities and opportunities:
MapleRidge.ca/DropInSchedules | 604-467-7322

Maple Ridge

STEPS TO APPLY

1. Complete the fillable fields on this application form then print.
2. Sign beside Parent/Guardian Signature.
3. Have your child's teacher sign beside Teacher's Signature.
4. Scan or take a clear photo of the completed application form, attach it in an email and send to registration@mapleridge.ca.
5. Our registration team will review and notify you when your pass has been attached to your online account*. Then your Grade 5 or 6 child can use their new Active Pass!

*If you do not have an online account with us at the time you submit, our team will contact you to set up an account. **For faster processing, create an account with us prior to submitting your application at CityOfMapleRidge.PerfectMind.com**

Child's Name: _____

Birth date: _____

Current Grade: _____

Address: _____

Parent/Guardian Name(s): _____

Parent Phone Number: _____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____

School Name: _____

Teacher's Name: _____

*Teacher's Signature: _____

Processed By (Staff Name): _____

* If the teacher is unable to sign, scan or take a clear photo of your child's birth certificate and attach to the email.

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