

ACCESS LEISURE



Community programs for teens and adults with intellectual disabilities.
Use forms on page three to register. Refer to policies on back page.

MAKE CHECKS PAYABLE TO CITY OF SACRAMENTO.

MAIL FORMS TO Att: Phil, Access Leisure, 3291 Truxel Rd., #26, Sacramento, CA 95833
For more information or if you have questions call 916-808-6045.



June 2009

IMPORTANT INFORMATION - THIS IS A MUST READ

Access Leisure is making more changes. Beginning July 1, Access Leisure will be providing only a limited amount of monthly calendars to McClaskey Adult Education Center and the Orange Grove Adult Education. To receive our calendar, Mc Claskey will provide a few copies of the calendar in most classes and upon request may printout a copy of the calendar.



If you have access to a computer, you may get a printable copy of the monthly calendar from our website, www.accessleisuresac.org. You can email psinclair@cityofsacramento.org and request to be put on the Access Leisure email list. And lastly, if you would like to receive the calendar through the **U.S. Mail**, send a check or money order in the amount of \$10.00 (made payable to the City of Sacramento) to Access Leisure, 3291 Truxel Road, #26, Sacramento, CA. 95833. This payment will allow you to receive the calendar for a full year.



Bocce Program, Fridays, April 3 - June 26 and Aug 7—Oct 16, 5:30-7:30pm One year membership fee of \$35.00 will cover the two sessions. If you were a member in 2008, a registration form will automatically be mailed to you. If you are new to the sport, please call Terri Berry at 393-77449. If no answer, leave your name and phone number and a message of interest in the program. (Due to holidays, there will be no programs May 22 & September 4)



Wednesdays, June 10, 17 & 24 Paper Bowling Tournament League — 3:30-4:45pm— Country Club Bowling Center, 2600 Watt Avenue, Begins June 10th and ends August 19th. Cost for bowling every week is \$5.00. **Do not send money with the registration form.....**Please bring money with you on bowling day.



Monday, June 1 Video/Pizza Night #1—6:30—8:45pm. Hart Senior Center, 915-27th St. **Cost is \$8.00.** We will see a newly released movie. Limited to 70 people. Note: The movie will begin promptly. **Have rides arrive no later than 8:45pm.**



Saturday June 13 Lunch & Cinema 10:45am — 3:00pm \$8.00 pre registration fee— Downtown Plaza. Bring \$8.00 for movie and \$8+ for lunch(ie \$16 minimum amount you should bring to program.) Meet in front of the Hard Rock Café guitar. Limited to 40.



Tuesday, June 16 Evening Social, 6:00-8:30pm, \$8.00 (\$9.00 at the Door). Hart Senior Center, 915-27th St. Cost is . Join us for an evening of friends, food, crafts, and games.



Tuesday, June 30 Video/Pizza Night #2—6:30—8:45pm. Hart Senior Center, 915-27th St. **Cost is \$8.00.** We will see a newly released movie. Limited to 70 people. Note: The movie will begin promptly. **Have rides arrive no later than 8:45pm.**

****Please notify Access Leisure of address changes or request removal from the mailing list.**



Sacramento River Cats vs Colorado Springs Sky Sox,

Thursday, June 25,

6:30 - 10:00pm

Cost is \$33.

Bring extra money for snacks if you wish and bring a light jacket or sweater—dress for the weather. **Meeting Place:** 6:30p — Raley Field Box Office, 400 Ball Park Ave. **Pickup:** 10:00pm at ballpark.



Crafts Night

Saturday June 20, 6:00– 8:00pm,

\$12.00 (\$13.00 at the Door)

Hart Senior Center, 915-27th St.

Join us for an evening of creating a variety of crafts. Only 30 spaces available. Cost will cover craft projects. Assistants are welcome.



Water Aerobic Fitness

Thursdays, June 18 & 25

7:30-8:30pm.

Sam Pannell Swim Pool, 2450 Meadowview Rd. This program will continue through August. The fee of \$20.00 will cover 8 classes or pay \$4.00 per visit at the pool. **Bring \$\$ day of event.** Must be 16 years and up to participate.

RIVER CATS VS SKY SOX, THU, JUNE 25, \$33.00

NAME _____ M[] F[] AGE _____
ADDRESS _____ CITY _____ ZIP _____
PHONE# _____ EMERGENCY# _____
SPECIAL INFO _____

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

Office Use Only:	
Amt Pd: \$ _____	Amt Due: _____
Ck or MO # _____	Cash <input type="checkbox"/>
Rcpt #: _____	Date: _____

SIGNATURE _____ DATE _____

CRAFTS NIGHT, , JUNE 20 — COST \$12.00 (\$13.00 @ THE DOOR)

NAME _____ M[] F[] AGE _____
ADDRESS _____ CITY _____ ZIP _____
PHONE# _____ EMERGENCY# _____
SPECIAL INFO _____

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

Office Use Only:	
Amt Pd: \$ _____	Amt Due: _____
Ck or MO # _____	Cash <input type="checkbox"/> CC <input type="checkbox"/>
Rcpt #: _____	Date: _____

SIGNATURE _____ DATE _____

MUST PRE-REGISTER FOR PROGRAMS. PLEASE PRINT CLEARLY AND FILL OUT FORM(S) COMPLETELY.

WATER AEROBICS, THU. JUNE 18 [] ; 25 [] ; PAY AT DOOR DAY OF EVENT

NAME _____ M[] F[] AGE _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE# _____ EMERGENCY# _____
 SPECIAL INFO _____

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

SIGNATURE _____ DATE _____

[] PAPER BOWLING TOURNAMENT LEAGUE, WEDS, JUNE 10-AUG 19 \$5.00 PER WEEK (BRING \$\$ TO PROGRAM)

NAME _____ M[] F[] AGE _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE# _____ EMERGENCY# _____
 SPECIAL INFO _____

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

Office Use Only:	
Amt Pd: \$ _____	Amt Due: _____
Ck or MO # _____	Cash <input type="checkbox"/> CC <input type="checkbox"/>
Rcpt #: _____	Date: _____

SIGNATURE _____ DATE _____

[] LUNCH & CINEMA, SAT. JUNE 13, MAIL \$8.00 (THIS FEE MUST BE MAILED)

NAME _____ M[] F[] AGE _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE# _____ EMERGENCY# _____
 SPECIAL INFO _____

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

Office Use Only:	
Amt Pd: \$ _____	Amt Due: _____
Ck or MO # _____	Cash <input type="checkbox"/> CC <input type="checkbox"/>
Rcpt #: _____	Date: _____

SIGNATURE _____ DATE _____

[] VIDEO PIZZA #1, MON, JUNE 1, \$8.00 (\$9.00 AT DOOR); [] VIDEO PIZZA #2, TUE, JUNE 30, \$8.00

NAME _____ M[] F[] AGE _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE# _____ EMERGENCY# _____
 SPECIAL INFO _____

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

Office Use Only:	
Amt Pd: \$ _____	Amt Due: _____
Ck or MO # _____	Cash <input type="checkbox"/> CC <input type="checkbox"/>
Rcpt #: _____	Date: _____

EVENING SOCIAL, TUE, JUNE 16, \$8.00 (\$9.00 @ DOOR)

NAME _____ M[] F[] AGE _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE# _____ EMERGENCY# _____
 SPECIAL INFO _____

Liability Release: I agree to hold the City of Sacramento, their directors, employees and committeemen harmless of any nature whatsoever for accident or injury to participants/myself arising out of or in any way connected with participation in city programs. I agree to give my consent to any medical treatment deemed necessary by a doctor.

Office Use Only:	
Amt Pd: \$ _____	Amt Due: _____
Ck or MO # _____	Cash <input type="checkbox"/> CC <input type="checkbox"/>
Rcpt #: _____	Date: _____

SIGNATURE _____ DATE _____



ACCESS LEISURE
3291 TRUXEL RD., #26
SACRAMENTO, CA, 95833



WWW.ACCESSLEISURESAC.ORG

ACCESS LEISURE REGISTRATION POLICIES:

1. **NO** faxed or phoned-in registrations, or registrations mailed in without fees.
2. Please completely fill out registration forms and print **CLEARLY**.
3. Registrations must be received five days prior to the event date.
4. Be aware that mailing in registrations does *not* guarantee acceptance into the program.
5. Individuals whose checks bounce will be responsible for the amount of the check plus associated bank fees.
6. If you are a rider of ParaTransit and you have a pick-up time later than thirty minutes after the scheduled end of the program, we ask you to find an alternative means home.
7. We are unable to administer medication during program hours. Participants must be able to take own meds or have an attendant provided to assist them.
8. Events costing \$10 or more, personal assistants will need to cover the program fees.

Please do not staple or tape checks to forms. If you have questions call 808-6045.



我們講中文 · Hablamos Español · Мы говорим по-русски · ພວກເຮົາເວົ້າພາສາລາວໄດ້ · Ped hais lus Hmoob · Chúng tôi nói tiếng Việt