

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.

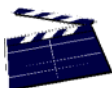
MAIL FORMS TO: Coloma Community Center

4623 T Street., Ste B, Sacramento, CA 95819

City of
SACRAMENTO
Parks and Recreation

For more information or if you have questions call 916-808-6045. Fax #: 916-808-3559

January 2017



Saturday, January 7, Lunch & Cinema – 10:30am – 3:00pm, Regal

Natomas Theaters, 3561 Truxel Road, \$8.00 Registration Fee: Must pay \$8.00 registration fee in advance. Bring \$10.00 for movie and \$10 for lunch. (Meet at in front of theaters.) Limited to 40 people. **Course #: 165177**



Monday, January 9 Video Pizza, Cost \$8.00 6:30-8:45pm, Senior Center, 915 – 27th Street. We will see the latest release and have some pizza, too. Limited to 70 people. **Course #: 165184**



Monday, January 23 Evening Social, Cost \$8.00 6:30-8:30pm, Senior Center, 915 – 27th Street. We will enjoy a light meal and play bingo for the evening activity. **Course #: 165188**

COMMUNITY NOTES



Bowling Leagues ***

	Location	Time	Cost
Mon, Pin Pals,	Land Park Bowl, 5850 Freeport Blvd,	4:00pm,	\$5.50*
Wed, Rock n Bowl	Country Club Center, 2600 Watt Ave,	3:45pm,	\$5.00*
Thurs, Bluebirds,	Mardi Gras Center, 4800 Madison Ave,	4:00pm,	\$4.00*
Thurs, Bluebirds,	Fireside Center, 7901 Auburn Blvd,	4:15pm,	\$4.00*

(To register, bowlers should arrive 20 minutes prior to start of bowling program and pay at each program)

*** Fees are subject to change....be prepared for the first day of bowling with a little extra \$\$.**



WOULD YOU LIKE TO RECEIVE OUR MONTHLY CALENDAR VIA EMAIL?

If you would like to receive the calendar via US mail, a yearly \$10.00 service fee will be charged. However, if you would like to receive the calendar via email, just email

psinclair@cityofsacramento.org with your name and email address. You can also view and print the calendar online at www.accessleisuresac.org.

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



Crafts Day

Saturday, Jan 21, 2017,
1:30—3:30pm
Hart Senior Center,
915 - 27th Street,
Cost is \$12.00



Let's start the new year making crafts. There will be a wide variety of crafts to put together and we encourage everyone who loves crafts to attend. **Course #: 165192**



SACRAMENTO STATE

Lady Hornets Basketball Vs Southern Utah

Thursday, January 12, 2017
6:30pm – 8:50pm,
Cost \$8.00,



Bring extra money for snacks. Tonight, the ladies take on the very competitive and awesome **Southern Utah** basketball team. Meet in front of the CSUS Men's Gym.

COURSE #: 165204



CRAFTS DAY, SAT., JAN 21, \$12.00 - COURSE #:165192

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 _____

Office Use Only: 165192

Amt Pd: \$ _____ Amt Due: _____

Ck or MO # _____ Cash ☐ CC ☐

Date: _____



CSUS WOMEN'S BASKETBALL GAME, THU. JAN. 12, \$ 8.00 - COURSE # 165204

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 _____

Office Use Only: 165204

Amt Pd: \$ _____ Amt Due: _____

Ck or MO # _____ Cash ☐ CC ☐

Date: _____

WRAUINAL JANUARY

ИПТЯМ

MARTIN

If you would like to pay by credit card:

Fill out the info below and send info with registrations to **Coloma Community Center, 4623 T Street, Suite A, Sacramento, CA 95819-9959**

Please Check:

Visa or

Please Charge my Credit Card for the amount of \$ _____ Master Card ONLY: Card # _____

Card Exp Date: ____/____/____ 3 Digit Verification Code (Back of Card) _____
mm / yy

Signature _____ Date: _____



VIDEO PIZZA, MON. JAN. 9, \$ 8.00 - COURSE # 165184

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 _____

Office Use Only: 165184

Amt Pd: \$ _____ Amt Due: _____

Ck or MO # _____ Cash ☐ CC ☐

Date: _____



LUNCH & CINEMA, REGAL NATOMAS, SAT. JAN. 7, \$ 8.00 - COURSE # 165177

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 _____

Office Use Only: 165177

Amt Pd: \$ _____ Amt Due: _____

Ck or MO # _____ Cash ☐ CC ☐

Date: _____



EVENING SOCIAL, MON. JAN. 23, \$8.00 - COURSE # 165188

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 _____

Office Use Only: 165188

Amt Pd: \$ _____ Amt Due: _____

Ck or MO # _____ Cash ☐ CC ☐

Date: _____

ACCESS LEISURE REGISTRATION POLICIES:

1. **Now accepting checks, money orders, Visa & Mastercard or ATM with Visa Logo.**
2. Please **completely** fill out registration forms and print CLEARLY. One per participant required
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.
9. Refund Policy: Full Refund 72 hours prior to the event; 50% within 72 hours; No refunds day of and after event.
- 10 Any checks written less than 30 days in advance of the event, may delay refunds.

If you have questions call Philip Sinclair at 916-808-6045.

Please read this as Access Leisure registration process has changed as of January 1, 2011.

Access Leisure Registration Policies have changed.

We are changing our registration policy for the safety of our staff and the people who attend our programs. Beginning January 1, 2011, we will no longer be accepting on-site registrations on the day of the program at the program site. Absolutely **NO** cash, checks or money orders will be accepted at program site on the day of the event. You must pre-register for all programs. Any questions and concerns about this policy, please contact Phil Sinclair at 916-808-6045 or email me at psinclair@cityofsacramento.org. **Now accepting checks, money orders, Visa & Mastercard or ATM with Visa Logo**

NEW MAILING ADDRESS FOR ALL REGISTRATIONS

Registration forms for Access Leisure must be mail to:

Coloma Community Center
4623 T Street, Ste B
Sacramento, CA. 95819
Attn: Access Leisure—Phil Sinclair

Or faxed to: Attn to Phil Sinclair 916-454-3956

If you wish to register in person for our programs, there are 5 locations.
Call for hours as they vary.

1. Coloma Community Center, 4623 T Street, Sacramento, CA. 95819; 916-808-6060, Mon thru Thu, 10am– 4pm
2. Pannell Community Center, 2450 Meadowview Road, Sacramento, CA. 95832; 916-808-6680
3. Natomas Community Center, 2921 Truxel Road, Sacramento, CA. 95833; 916-808-1571 Mon thru Thu, 9am-4pm

You may also register online for our programs at: <http://www.cityofsacramento.org/parksandrecreation/> and use the free online registration.

WWW.ACCESSLEISURESAC.ORG



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