# Register Online: www.pleasantonfun.com

## **Priority Registration**

Online (Residents only)

Beginning at 8:00am on Wednesday, April 3, 2024

### First opportunity to register!

Plan ahead! Visit the City of Pleasanton's registration website, www.PleasantonFun.com, to create a family account. Any questions? Need help? Please call (925) 931-5340.

## **Open Registration**

Walk-in & Non-Resident

Beginning at 8:00am on Wednesday, April 17, 2024

(Faxes are NOT accepted)

#### **Walk-in Registration**

Available at the following locations during posted business hours:

- Recreation Department (Walk-in opens at 10:00am)
- Dolores Bengtson Aquatic Center
- Gingerbread Preschool
- Pleasanton Senior Center



Make checks payable to:
City of Pleasanton
Mail to:
Registration
City of Pleasanton
P.O. Box 520
Pleasanton, CA 94566

Attn: Library and Recreation

### **General Information**

- Registration for all tennis activities is conducted at the Pleasanton Tennis and Community Park, 5801 Valley Avenue, (925) 931-3449.
- Registration for all golf activities is conducted at the Callippe Preserve Golf Course, 8500 Clubhouse Drive. For more information, (925) 426-6666 or www.playcallippe.com.
- Non-resident mail-in registration sent before scheduled registration dates will be held and processed prior to the beginning of "Open Registration".
- The City of Pleasanton Library and Recreation Department invites people with and without disabilities to enjoy our sites, facilities, and programs. For more information, please contact inclusionservices@cityofpleasantonca.gov

## **Refund Policy**

- A full refund will be given when notice is received by the Library and Recreation Department at least ten (10) days prior to the start of the class or program.
- Refund requests received at least five (5) days prior to the start of the class or program will be assessed a \$5 administrative fee, per class/program.
- No refunds will be issued for requests received less than five
   (5) days prior to the start of the class or program.
- Full refunds will be granted if the class or program is cancelled by the Department.
- A two percent (2%) maintenance fee is added to most registrations. This fee is non-refundable unless entire program is cancelled by the department or refund is requested at least ten (10) days prior to the start of the class or program.
- No refunds given for non-attendance.

# Fee Assistance Program









# Did you know?

The Library and Recreation Fee Assistance Program provides services and activities for low income families and seniors living in Pleasanton.

For information about receiving fee assistance, go to the Library and Recreation website at: www.cityofpleasantonca.gov/gov/depts/cs/fees.asp

To donate to the Fee Assistance Program, call the Library and Recreation Department.

For more information, call the Library and Recreation Department at (925) 931-5340 or the Senior Center at (925) 931-5365

Phone: (925) 931-5340

# **How to Register**

City of Pleasanton Library and Recreation P.O. Box 520 Pleasanton, CA 94566

# **Registration Form**

See previous page for Registration Information



Register with your Visa, MasterCard or Discover Card at www.pleasantonfun.com

Please limit registration form to family members living in the same household only!

### **Refund Policy—Please read!**

Withdrawals and Transfers: If you wish to drop a class or transfer to another session, call us at least 10 days before the start date for a refund or credit. Choose your classes carefully. No refunds for non-attendance.

### **NO FAXES ACCEPTED!**

| Parent/Guardian  |  |  | <b>_</b> Re   | esident* 🖵 Non-Resident   | 61. (51   | *Individuals residing within the City of Pleasanton property tax limits.           |  |
|--|--|--|---|---|---|--|--|
| Home Address   |  |  | City_   |   | Ziŗ   | o  |  |
| Home Ph  | Cell Ph  |  |   | E-mail Address  |   |  |  |
| Emergency Contact  | Eme  | ergency Cor  | ntact Ph  | act Ph c  |   | I require an ADA accommodation due to a disability to participate in this program. |  |
| Participant Name   | Date of Birth<br>(under 18)  | Male/<br>Female  | Activity<br>Code  | Activit   | зу  | Fee  |  |
| Andrew Rose  | 4/17/11  | М  | 9703  | Junior Lifeguar   | d Program   | \$121-   |  |
|  |  |  |   |   |   |  |  |
|  |  |  |   |   |   |  |  |
|  |  |  |   |   |   |  |  |
| Yes, I'd like to donate to t   | he Library and Recreation Fee Assistance Program (See page 64 for deta   |  |   |   | e 64 for details)   | \$   |  |
|  |  |  |   | <u> </u>  | Total   |  |  |
| WAIVER, HOLD HARMLE I have registered for a program (o child's) participation in this activity (or my child) enrolled in may involve on the nature of the activity, the rischild) including death due to risks weather conditions, interactions of injuries or death could occur to me | r I have registered my<br>y is voluntary. I am (or<br>ve risks and that serio<br>sks and hazards may i<br>including but not limi<br>or collisions with other | child for a p<br>my child is)  <br>us injuries co<br>ncrease. For<br>ted to, hazar | orogram) offere<br>physically fit to<br>ould occur whi<br>example, parti<br>ds associated | participate in this activity. I<br>le I am (or my child is) partic<br>icipation in a sport could res<br>with the field, gym, or other | understand that the cipating in this action in this action in the sult in injuries to make playing conditions | ne activity that I ivity. Depending ne (or to my s, equipment,                     |  |
| Knowing these risks, I want (or my to waive, release and discharge the officials, officers, employees, voludamage to property, which I (or my (or my child's) participation in understand that important legal research.   | ne City of Pleasanton<br>inteers, and agents) fi<br>by child) or I (or my chi<br>this activity, including  | and the Plea<br>om any and<br>ild's) heirs, a<br>g transportat                     | santon Unified<br>all claims for c<br>ssigns, execut                                      | d School District (and the Ci<br>damages for personal injurie<br>ors or administrators may h  | ity's and District's<br>es or death, or for o<br>ave or which may   | respective<br>claims for<br>accrue to  |  |
| Name of Participant  | Signature Required   |  |   |   |   |  |  |
| Parent/Guardian, if under 18   |  |  |   |   |   |  |  |
| Date   | Check Enclosed: Total Amount \$ Make Chec  |  |   |   | neck Payable to: Ci   | ity of Pleasanton  |  |