



# Conejo

Recreation & Park District

# Acacia

## AFTER SCHOOL RECREATION

All classes are held at school campus • No class on days of no school  
E-Mail, Fax, or Walk-In attached registration form or  
Register online today! [www.crpdpd.org/reg](http://www.crpdpd.org/reg) – keyword “afterschool”

**Parks  
Make  
Life  
Better!**<sup>SM</sup>

**Thursdays 9/19-11/14**

**2:45-3:45pm**

No classes 10/17 8 weeks

### Grades 1-5

#### Imagination Station

#6800.4191

\$65

Arts, crafts, games, writing, acting, and a little bit of science will tap into the magic of your imagination.

New themes and activities each session!

Instructor: Conejo Center Staff

### Grades 1-5

#### All Sorts of Sports

#6801.4191

\$65

Improve your hand eye coordination and have fun playing different sports and games each week!

Instructor: Conejo Center Staff

**Please register early to avoid disappointment!**

*Classes not meeting minimum enrollment may be cancelled.*

**Have an idea for a class or know someone who may be interested in teaching a class?**

**Call the Conejo Community Center staff at 805-495-2163 or email [ccc@crpd.org](mailto:ccc@crpd.org).**

**First Day of Class:** Children meet their teacher at the lunch table area immediately after school is dismissed. After the first day, students need to meet at the assigned location.

**Lab Fees:** Must be paid at the time of class registration by check, cash, or credit card. Lab fee is separate from class fee.

**Pick-Up:** Children must be picked up immediately after class. Failure to pick up your child on time could result in dismissal from the program without a refund.

**\$1 per minute late fee will be charged.**

**Absences:** Please notify Conejo Center staff at 805-495-2163 if your child will be absent. Attendance is taken in each class and absences are verified.

**Rainy Days:** Rain or bad weather will not cancel programs; classes will be moved indoors.

**Late Enrollment:** Class costs will not be pro-rated after classes have begun.

### Refunds & Cancellation by the Participant

- A full refund will be granted if we are notified 2 business days prior to class.
- Refunds or transfers will not be granted day of class or once a class has begun.
- Students may NOT “try out” a class.
- Refunds for medical reasons will be granted on a pro-rate basis; written verification by a physician is required.

### Cancellations by Conejo Recreation & Park District

- A full refund will be made if a class is cancelled by the District prior to the class starting date.
- Children may be dismissed from the program without a refund due to behavior problems.

**\*\*\*No Class on Days of No School\*\*\***

**Registration for Classes & Lab Fees is now ONLINE! [www.crpdpd.org/reg](http://www.crpdpd.org/reg) using keyword: afterschool (Lab fees must be paid when registering)**



# Conejo

Recreation & Park District

# Acacia

## AFTER SCHOOL RECREATION

**Todas las clases son en la escuela • No hay clases en días de no escuela**  
**Email, FAX ó liegue a un centro para registraci3n**  
**Regístrese en línea hoy! [www.crpdp.org/reg](http://www.crpdp.org/reg) - palabra clave "afterschool"**



### Thursdays

9/19-11/14 2:45-3:45pm

No classes 10/17

#### Grades 1-5

#### Imagination Station

#6800.4191

\$65

Las artes, manualidades, juegos, escritura, actuaci3n y un poco de ciencia aprovecharán la magia de su imaginaci3n.

¡Nuevos temas y actividades en cada sesi3n!

Instructor: Conejo Center Staff

#### Grades 2-5

#### Olympic Sports

#6801.4191

\$65

¡Mejora tu coordinaci3n ojo-mano y diviértete jugando diferentes deportes y juegos cada semana!

Instructor: Conejo Center Staff

**Favor de registrarse temprano para evitar decepci3n! Clases que no tengan el minimo de estudiantes seran canceladas.**

**Tiene una idea para una clase nueva o conoce e alguien interesado en dar clases?**

**¡llame Conejo Community Center al 805-495-2163 o email [ccc@crpd.org](mailto:ccc@crpd.org).**

**Primer Dia De Clase:** Los niños se reúnen con su maestra en el área de la mesa del almuerzo inmediatamente después de la salida de la escuela. Después del primer día, los estudiantes deben reunirse en la ubicaci3n asignada.

**Cuota De Materiales:** Deben ser pagada a la misma vez que se inscribe para la clase, puede pagar con cheque, efectivo o tarjeta de credito.

**Recogiendo:** Niños deben ser recogidos inmediatamente despues de la clase. Si no son recogidos a su niño(a) a tiempo puede resultar en expulsión del programa sin la devolucion de dinero.

**Por cada minuto que llegue tarde una multa de \$1.00 por minuto sera cobrada.**

**Aucencia:** Por favor notifique a Conejo Center at (805)495-2163 si su niño(a) estara aucente. Tomamos lista cada día y las ausencias son verificadas.

**Dias Lluviosos:** Las clases no se cancelaran por lluvia o mal clima. Las clases se moveran adentro.

**Late Enrollment:** Class costs will not be pro-rated after classes have begun.

### Rembolsos Y Cancelaciones de Participante

- Se concedera un reembolso completo si nos notifica 2 dias de negocio antes de la primera clase.
- Los reembolsos no se concederan el dia de las clase o una vez que haya comenzado.
- Los estudiantes no pueden "probar" una clase.
- Los reembolsos por razones medicas seran concedidas con verificaci3n por escrito de un medico. Y sera dadas de manera prorrate.

### Cancelaciones por Conejo Recreation & Park District

- Se concedera un reembolso completo si la clase es cancelada por el distrito antes del primer dia de clases.
- Los estudiante pueden ser expulsados del programa sin devolucion de dinero por problemas de comportamiento.

**\*\*\*No hay clases en días de no escuela\*\*\***

**Registracion para clases y materiales esta disponible en linea! [www.crpdp.org/reg](http://www.crpdp.org/reg) use la palabra clave: afterschool (Materiales deben ser pagados a la hora de registracion)**

# Acacia After School Recreation Registration

## Form

Parent Name/Nombre del padre \_\_\_\_\_ Email \_\_\_\_\_

Address/Domicilio \_\_\_\_\_ City/Ciudad \_\_\_\_\_ Zip/Código Postal \_\_\_\_\_

Day Phone/ \_\_\_\_\_ Evening Phone/ \_\_\_\_\_

Número de teléfono durante el día \_\_\_\_\_ Número de teléfono por la noche \_\_\_\_\_

Activity Number Número de actividad	Participant's Full Name Nombre Completo del Participante	Teacher's Name & Grade Nombre del maestra/o y Grado	Birthdate Fecha de nacimiento	Gender Genero	Fee Precio
<b>Total</b> →					

Special medical conditions or allergies/Condiciones medicas especiales/Alergias \_\_\_\_\_

Method of Payment:  MasterCard  Visa  Visa/MC Check/Debit Card  AmEx  Discover  Check/Money Order  Cash  
 Forma de pago: Tarjeta de débito Cheque Efectivo

Cardholder's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Titular en la tarjeta (Imprima su nombre) Firma

Charge to Card # \_\_\_\_\_ Exp. Date (mm/yy) \_\_\_\_\_  
 Número de la tarjeta Fecha de Vencimiento

- After class, my child:** / Después de clase mi hija/o:
- Will be picked up in the room / Sera Recogido en el salón
- Has permission to walk to parking area / Tiene permiso de Caminar al estacionamiento
- Has permission to ride his/her bike / Tiene permiso de Irse en su bicicleta
- Has permission to walk home / Tiene permiso de caminar a casa
- Will be escorted by CRPD staff to onsite Child Care / Tiene permiso de Irse a la guardería

**Email, FAX or Walk-In Registration To:**  
**Email, FAX ó liegue a un centro para registraci3n:**  
 Conejo Community Center  
 1175 Hendrix Ave, Thousand Oaks CA 91360  
 Email: ccc@crpd.org • FAX: (805) 381-2738 • Ph: (805) 495-2163

**Make Checks Payable to CRPD**  
**Haga los cheques a nombre de CRPD**

### AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Conejo Recreation & Park District ("CRPD"), City of Thousand Oaks ("CTO"), Conejo Open Space Conservation Agency ("COSCA"), Conejo Valley Unified School District ("CVUSD"), and City of Westlake Village ("WLV") to participate in the above activities, I hereby waive, release, and discharge in advance CRPD, CTO, COSCA, CVUSD, and WLV (their officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, including the active or passive negligence of each of the named above or any other participants in the event. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission or "gross negligence," as that term is used in applicable case law and/or statutory provision. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

**PARENTAL CONSENT:** (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that those listed above participate in the above activities, and I hereby execute the above Agreement, Waiver, and Release on his/her/their behalf. I state that said minors are physically able to participate in said activities. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minors may sustain while participating in said activities.

**I UNDERSTAND THAT IMPORTANT INFORMATION** is available regarding 1) concussions that may occur during physical activities, and 2) information regarding the use of opioids, and acknowledge receipt of the information via [www.crpdp.org/concussion](http://www.crpdp.org/concussion) and [www.crpdp.org/opioid](http://www.crpdp.org/opioid).

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:** As the participant or the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for myself or my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of myself or my dependent.

**I UNDERSTAND THAT THE CONEJO RECREATION AND PARK DISTRICT HAS A CODE OF CONDUCT** ([www.crpdp.org/conduct](http://www.crpdp.org/conduct)) **AND AGREE TO ABIDE BY ITS POLICIES AND CONDITIONS.**

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CONEJO RECREATION & PARK DISTRICT AND I SIGN IT OF MY FREE WILL.**

Signature / Firma \_\_\_\_\_

Name (Printed) / Nombre (Impreso) \_\_\_\_\_

Date / Fecha \_\_\_\_\_