



Conejo

Recreation & Park District

Aspen

AFTER SCHOOL RECREATION

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

MONDAYS

9/16-11/4 2:45-3:45pm
No classes 9/30, 10/14 6 weeks

Grades 1-5

Animation Drawing
#6802.4191 \$57 +

\$5 lab fee added
Focus on animation skills and principles that will help artists design characters, make storyboards, and create a flip book.
New projects each session.
Instructor: Paul Burrows

Grades 1-5

Kickball
#6803.4191 \$57

Learn the fundamentals and rules of the game. Each class will include activities to build a specific skill as well as full game play. Have fun and foster teamwork and good sportsmanship while learning how to play to the best of everyone's abilities!
Instructor: Momentum Academy

WEDNESDAYS

9/18-11/13 2:45-3:45pm
No classes 10/9, 10/16 7 weeks

Grades 1-5

Imagination Station
#6804.4191 \$56

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
#6805.4191 \$56

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

Instructor: Conejo Center Staff

FRIDAYS

9/20-11/15 1:40-2:40pm
No classes 10/18, 11/1 7 weeks

Grades 1-5

Pins & Needles Sewing
#6806.4191 \$66+

\$15 lab fee added
Become acquainted with a sewing machine. Learn safety and how to create different projects. Take your creations home. Machines are provided.
Instructor: Sara Sinclair

Grades 1-5

Karate
#6807.4191 \$66

This basic martial arts program will help teach awareness of bullying, issues of stranger danger, and provide physical activity for developing students.
Instructor: Shotokan Karate of Newbury Park

Grades 1-5

Theatre
#6808.4191 \$66

Learn fundamental theater skills including stage direction, voice projection, dialogues, singing and choreography, and improvisational exercises. Class will culminate with participants performing a final play that combines all of the elements that they have learned in the class!

Instructor: Momentum Academy

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 Conejo Community Center staff at 805-495-2163 or email ccc@crpd.org.

First Day of Class: Children meet at lunch tables immediately after school is dismissed to meet their instructors. After the first day, students 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 once 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.

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

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

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 and 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) **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