



# Conejo

Recreation & Park District

## AFTER SCHOOL RECREATION

# Wildwood

All classes are held at school campus • No class on days of no school  
Register online 9/4/19! [www.crpdp.org/reg](http://www.crpdp.org/reg) – keyword "Wildwood"

### MONDAYS

9/16-11/18

2:45-3:45pm

No class 9/30, 10/14, 11/11

Grades 1-5

**BEGINNING UKULELE \$66**

#7710.4191

Learn to play the Ukulele! This popular little instrument from Hawaii is easy and fun to play! Learn chords, strums, and how to sing along to your favorite songs! Ukulele available to rent; \$10 for the session.

Instructor: Tom Kuznkowski

Grades 1-5

**SPANISH \$66**

#7711.4191

Lab fee \$5

Learn to write and speak in Spanish through songs and games. Read simple stories and develop your Spanish vocabulary. Learn to put sentences together and use them in daily conversations.

Instructor: Maria Ackerman

### TUESDAYS

9/17-11/12

1:30-2:30pm

No class 10/15

Grades K-5

**TOTAL TENNIS \$75**

#7712.4191

Get introduced to the magic of tennis in a fun, engaging way! Instill a love for this game that will help your child on and off the court. This class is all about FUN!

Instructor: Total Tennis Academy

Grades 2-5

**CHESS \$75**

#7715.4191

Learn to play this classic game in a fun way with your classmates. Develop planning/strategy skills, improve concentration/spatial thinking, and build self-confidence. Great for beginners to intermediate players!

Instructor: Nicholas Garcia

### WEDNESDAYS

9/18-11/13

2:45-3:45pm

No class 10/9, 10/16

Grades 1-5

**ESCAPE ROOM**

#7717.4191

\$66

Lab fee \$10

Work collaboratively to solve puzzles and riddles using creative thinking, logic, and problem solving.

Instructor: Ashley Wright

Grades 1-5

**NATURE EXPLORERS**

#7718.4191

\$57

Learn about nature, bugs and animals through crafts, games and more

Instructor: CRPD 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 Thousand Oaks Center staff at 805-381-2793 or email [toc@crpd.org](mailto:toc@crpd.org).*

**First Day of Class:** Children meet in the MPR 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.

**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 Thousand Oaks Center staff at 805-381-2793 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.

### 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.crpdp.org/reg](http://www.crpdp.org/reg) using keyword: Wildwood (Lab fees must be paid when registering)**

# CRPD 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 hijo/a:
- 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

**Online, Email, FAX or Walk-In Registration To:**  
**En línea, Email, FAX ó lIegue a un centro para registraci3n:**  
 Thousand Oaks Community Center  
 2525 N. Moorpark, Thousand Oaks CA 91360  
 Email: toc@crpd.org • FAX: (805) 493-2391 • Ph: (805) 381-2793  
**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.crpd.org/concussion](http://www.crpd.org/concussion) and [www.crpd.org/opioid](http://www.crpd.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.crpd.org/conduct](http://www.crpd.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 \_\_\_\_\_

**Register online now! [www.crpd.org/reg](http://www.crpd.org/reg) using keyword "afterschool"**