Registration for Classes & Lab Fees is now ONLINE 12/18/19! www.crpd.org/reg using keyword: wildwood (Lab fees must be paid when registering)

Not affiliated with CVUSD • ConejoRPD Tax ID #95-2265201
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

<table>
<thead>
<tr>
<th>Activity Number</th>
<th>Participant’s Full Name</th>
<th>Teacher’s Name &amp; Grade</th>
<th>Birthdate</th>
<th>Gender</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Número de actividad</td>
<td>Nombre Completo del Participante</td>
<td>Nombre del maestro/a y Grado</td>
<td>Fecha de nacimiento</td>
<td>Genero</td>
<td>Precio</td>
</tr>
</tbody>
</table>

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

Cardholder’s Name (please print) __________________________ Signature __________________________

Charge to Card #: __________________________ Exp. Date (mm/yy) __________________________

After class, my child: __________

[ ] Will be picked up in the room / Será 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 & llege a un centro para registración:

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 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 and 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) 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 __________________________