**AFTER SCHOOL RECREATION**

**All classes are held at school campus • No class on days of no school**

Register online today! www.crpd.org/reg – keyword “earths”

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<table>
<thead>
<tr>
<th>MONDAYS</th>
<th>TUESDAYS</th>
<th>THURSDAYS</th>
<th>FRIDAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/13-3/2 2:45-3:45pm</td>
<td>1/14-3/3 1:35-2:35pm</td>
<td>1/16-3/5 2:45-3:45pm</td>
<td>1/17-3/6 2:45-3:45pm</td>
</tr>
<tr>
<td>6 Wks - No classes 1/20, 2/17</td>
<td>8 wks</td>
<td>8 wks</td>
<td>7 Wks No class 2/14</td>
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</tbody>
</table>

**Grades 1-5**

<table>
<thead>
<tr>
<th>Sewing</th>
<th>Escape Room</th>
<th>Robotics</th>
<th>Jacob Flame Karate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$57</td>
<td>$75</td>
<td>$75</td>
<td>$66</td>
</tr>
</tbody>
</table>

**Sewing**

#5405.1201
LAB FEE $10
ROOM: LIBRARY
Discover different stitches used in handwork, with needle and thread as your tools. Create stuffed animals and other fun projects.
Instructor: Sarah Sinclair, Pins & Needles

**Escape Room**

#5401.1201
LAB FEE $10
ROOM: LIBRARY
Work collaboratively to solve puzzles and riddles using creative thinking, logic, and problem solving.
Instructor: Ashley Wright

**Robotics**

#5406.1201
ROOM: LIBRARY
Students will build and design infrastructures using mechanical engineering principles & concepts through engaging S.T.E.M. based activities & workshops. Learn the fundamentals of robotics & programming.
Instructor: LeXT Robo Academy

**Super Soccer Stars**

#5402.1201
Practice Field 2
Our high energy classes build confidence and ball control through fun games and exciting activities! Learn to shoot, dribble, pass, and defend like a champion!
Instructor: Super Soccer Stars

**Multi Purpose Room**

Martial arts basics, including bully awareness and stranger danger as well as character development. All students new to the program receive a white belt and have the option of testing for a new rank at the end of the session.
Instructor: Tang Soo Do University

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**Registration for Classes & Lab Fees is now ONLINE!**
www.crpd.org/reg using keyword: afterschool

*(Lab fees must be paid when registering)*

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Not affiliated with CVUSD • ConejoRPD Tax ID #95-2265201
**ConejoRPD After School Recreation Registration Form**

Parent Name/Nombre del padre ___________________________ Email ___________________________

Address/Domicilio ___________________________ City/Ciudad ___________________________ Zip/Código Postal ___________________________

Day Phone/Número de teléfono durante el día ___________________________ Evening Phone/Número de teléfono por la noche ___________________________

- ______ 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

**Method of Payment:**
- [ ] MasterCard
- [ ] Visa
- [ ] Visa/MC Check/Debit Card
- [ ] AmEx
- [ ] Discover
- [ ] Check/Money Order
- [ ] Cash

**Cardholder’s Name (please print) / Titular en la tarjeta (Imprima su nombre) ___________________________ Signature / Firma ___________________________**

**Date / Fecha ___________________________ Exp. Date (mm/yy) ___________________________**

**Forma de pago:**
- [ ] Tarjeta de débito
- [ ] Cheque

**Activity Number / Número de actividad ___________________________ Participant’s Full Name / Nombre Completo del Participante ___________________________ Teacher’s Name & Grade / Nombre del maestro/a y Grado ___________________________ Birthdate / Fecha de nacimiento ___________________________ Gender / Genero ___________________________ Fee / Precio ___________________________**

- ______ 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
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**TOTAL →**

$10 lab fee

**Special medical conditions or allergies / Condiciones medicas especiales / Alergias ___________________________**

**Signature / Firma ___________________________**

**Email, FAX or Walk-In Registration To:**

Email, FAX ó liegue a un centro para registración:

Borchard Community Center
190 Reino Rd. Newbury Park, Ca 91320

Email: aspboc@crpd.org • FAX: (805) 498-1055 • Ph: (805) 381-2791

**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 of 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 ___________________________**

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