**AFTER SCHOOL RECREATION**

**Wildwood**
620 Velarde Dr, Thousand Oaks, CA 91360

*All classes are held at school campus • No class on days of no school • Register online 3/6/20! [www.crpd.org/reg](http://www.crpd.org/reg) -keyword “Wildwood”*

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**MONDAYS**
3/30-5/18
2:45-3:45pm
No class 4/13, 5/25

**Grades 1-5**

**DISGUSTING SCIENCE** $66
#7719.2201
Lab Fee: $20
Participate in science experiments that focus on blood, snot, boogers, diaper dissection, owl pellets, and so much more! Join us and discover the disgusting side of science.

Instructor: Jackie Soliz

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**TUESDAYS**
3/31-5/26
1:30-2:30pm
No class 4/14

**Grades K-5**

**TOTAL TENNIS** $75
#7712.2201
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

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**WEDNESDAYS**
4/1-5/27
2:45-3:45pm
No class 4/15

**Grades 1-5**

**CReATE STEAM** $75
#7710.2201
$10 lab fee
Explore the world of S.T.E.A.M. with weekly hands-on themed projects. Use every day recycled and artistic materials to create moving, balancing, artistic, symmetrical creations. Students take all of their projects home.

Instructor: CReATE STUDIO

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**MONDAYS**
3/30-5/18
2:45-3:45pm
No class 4/13, 5/25

**Grades 1-5**

**SPANISH** $47
#7711.2201
**NO CLASS 5/11, 5/18**
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

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**TUESDAYS**
3/31-5/26
1:30-2:30pm
No class 4/14

**Grades 2-5**

**CHESS** $75
#7715.2201
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

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**WEDNESDAYS**
4/1-5/27
2:45-3:45pm
No class 4/15

**Grades 1-5**

**CUPCAKE CREATIONS** $57
#7718.2201
**NO CLASS 5/20, 5/27**
Lab Fee: $23
Make a show stopper cupcake. Learn how to color the buttercream, using different tips and tools, and how to use edible and non-edible decorations.

Instructor: Dee Gupta.

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**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.

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**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.

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Registration for Classes & Lab Fees is now ONLINE 3/6/20! [www.crpd.org/reg](http://www.crpd.org/reg) using keyword: wildwood (Lab fees must be paid when registering)

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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/ Número de teléfono durante el día ________________________________
Evening Phone/ 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 maestro/o y Grado

Birthdate Fecha de nacimiento

Gender Genero

Fee Precio

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

Cardholder’s Name (please print) __________________________________________________
Firma

Charge to Card # _____________________________________________________________
Exp. Date (mm/yy) ___________________________________________________________

After class, my child: / Después de clase mi hija/os

- [ ] 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

REGISTRATION:

Register online now! www.crpd.org/reg using keyword “afterschool”

Online, Email, or Walk-In Registration To:
En linea, Email, ó llegue a un centro para registración:

Thousand Oaks Community Center
2525 N. Moorpark, Thousand Oaks CA 91360
Email: toc@crpd.org • 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 WLW (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 the 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

Register online now! www.crpd.org/reg using keyword “afterschool”