

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 maestra/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
 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.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

Register online now! www.crpdp.org/reg using keyword "afterschool"