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 “Walnut”

WEDNESDAYS
4/1-5/27
1:35-2:35pm
8 Weeks No class 4/15

Grades 1-5
Cooking for Kids!
$75
LAB FEE $10  #5602.2201
Learn to cook and enjoy some tasty recipes after school! Each week we will cook something new and delicious while learning kitchen basics. Create your own recipe book to take home!
Instructor: CRPD Staff

Grades 1-5
Spanish 101
$75  #5600.2201
Learn to write and speak Spanish through songs and games. Read stories and acquire new Spanish vocabulary. Learn to articulate sentences and use them in daily conversations.
Instructor: Claudia Nagatoshi

First Day of Class: An announcement will be made to the children reminding them of the location of the class. They are to go directly to their class after school.

Lab Fees: Must be paid at the time of class registration by check, cash, or credit card. Lab fee is separate from class fee.

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 Borchard Community Center staff at 805-381-2791 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.

Have an idea for a class or know someone who may be interested in teaching a class?

Call Borchard Center staff at:
805-381-2791
or email:
aspboc@crpd.org.

Registration for Classes & Lab Fees is now ONLINE! www.crpd.org/reg using keyword: afterschool
(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/ Número de teléfono durante el día ______________________ Evening Phone/ 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>
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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

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

Signature / Firma ____________________________________________________________________________

Charge to Card # ____________________________________________________________________________ Exp. Date (mm/yy) ______________________

Pay by Check/Money Order / Haga los cheques a nombre de CRPD

Cards Accepted: MasterCard [ ] Visa [ ] Visa/MC Check/Debit Card [ ] AmEx [ ] Discover

Firma: ______________________ ______________________ ______________________ ______________________

Name (Printed) / Nombre (Impreso) ______________________ ______________________ ______________________ ______________________

Date / Fecha ______________________ ______________________ ______________________ ______________________

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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 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 ______________________ ______________________ ______________________ ______________________

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