



Conejo

Recreation & Park District

Aspen

FALL 2022

AFTER SCHOOL RECREATION

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

Register online today! www.crpdpd.org/reg

Keyword "Aspen"

TUESDAYS

9/20-11/8 2:45-3:45pm

No classes 10/11, 11/1

Grades 1-5 7 weeks

Pokemia \$95

#6806.4221 + \$10 lab fee

Students will explore the Pokemon world as they create their own training gyms, unique battles, and even their very own generation of Pokemon!

Instructor: Snapology

WEDNESDAYS

9/21-11/9 2:45-3:45pm

Grades 1-5 7 weeks

Drawing with Young Rembrandts \$110

#6807.4221 + \$10 lab fee

Learn about basic design and composition as you draw illustrations and still life using the Young Rembrandts' step-by-step method of drawing. Strengthen your drawing and coloring skills, while learning about art history. Take home a masterpiece each week!

Instructor: Young Rembrandts

FRIDAYS

9/23-11/4 1:35-2:35pm

No classes 10/14, 11/11

Grades 2-5 6 weeks

Real World Robotics \$95

#6805.4221 + \$10 lab fee

Students will learn about gear ratio, sensors, simple machines, and programming as they build alarm devices, earthquake detectors, robotic arms, and much more!

Instructor: Snapology

Grades 1-5

Super Soccer Stars \$126

#6809.4221

Have fun in a non-competitive and educational environment! Though and age-specific curriculum, soccer is used to nurture, build self confidence and develop

Instructor: Super Soccer Stars

Please register early to avoid disappointment!

Classes not meeting minimum enrollment may be cancelled.

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

Call the Conejo Community Center at 805-495-2163 for more information!

Looking for music or theatre programs? Go to hillcrestarts.com or call (805)381-2747 for more info!

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. 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 Conejo Community Center 805-495-2163 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.

Registration for Classes & Lab Fees is now ONLINE! www.crpdpd.org/reg using keyword: Aspen (Lab fees must be paid when registering)

ConejoRPD 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 _____

Activity Number <i>Número de actividad</i>	Participant's Full Name <i>Nombre Completo del Participante</i>	Teacher's Name & Grade <i>Nombre del maestra/o y Grado</i>	Birthdate <i>Fecha de nacimiento</i>	Gender <i>Genero</i>	Fee <i>Precio</i>
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 hija/o:*
- _____ 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*

Email, FAX or Walk-In Registration To:
Email, FAX ó líegue a un centro para registraci3n:
 Conejo Community Center
 1175 Hendrix Ave, Thousand Oaks CA 91360
 Email: ccc@crpd.org • FAX: (805) 381-2738 • Ph: (805) 495-2163
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 any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the CRPD, CTO, COSCA, CVUSD, and WLV (collectively "entities") (including their officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns, and that I shall indemnify and to hold the above persons or entities (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with my participation in said activities. Additionally, I fully understand that my participation in the above-referenced activities exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions, and are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during these activities and hereby grant the District permission to use any such photo(s) for advertising or in promotional materials.

PARENTAL/GUARDIAN CONSENT (*to be completed/signed by parent/guardian if participant 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 (including their officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with said minor/s' participation in said activity.

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 & 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 CRPD 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 CRPD HAS A CODE OF CONDUCT (www.crpd.org/conduct) and agree to abide by its 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 ABOVE ORGANIZATIONS AND I SIGN IT OF MY FREE WILL.

Signature / Firma

Name (Printed) / Nombre (Impreso)

Date / Fecha