

adult

2024 SUMMER BASKETBALL LEAGUE

10 weeks

Starting

MAY 20

Mon Tues

Thurs Evenings

C & D Divisions

Manager's Meeting

MAY 7



TEAM FEE \$320

SPORTS

805-495-4674 sports@crpd.org

Conejo Recreation & Park District

2024 ADULT SUMMER BASKETBALL LEAGUE



1. **GAME SITES**

Borchard Community Center 805-381-2791
190 North Reino Road, Newbury Park CA 91320

Dos Vientos Community Center 805-375-1003
4801 Borchard Road, Newbury Park CA 91320

Thousand Oaks Community Center 805-381-2793
2525 North Moorpark Road, Thousand Oaks CA 91360

2. **ROSTERS**-Limited to fifteen players per team (minimum age:16 years). Complete rosters due upon registration. Final rosters (names of all players with signatures) due **May 17**.

3. **GAMES**-Each team is scheduled for **TEN** league games. Teams are classified based on their previous league performance and current player personnel.

4. **OFFICIAL FEES**-Each team is required to pay **\$40 official's fee (cash)** prior to each game. Official's fees are not included in league fees. Two scorekeepers are scheduled for each game and are included in league fees.

5. **AWARDS**-Ten individual awards are presented to League Champion and Finalist teams.

6. **LEAGUE PLAY**-Starts **May 20**. All teams **MUST** have uniforms. Reversible color shirts are recommended; must have numbers and be uniform in color.

7. **LEAGUE FEE BREAKDOWN**

League Organization	\$ 48.88
SCMAF/PMBF Registration	\$ 38.00
Utilities	\$ 10.25
Equipment	\$ 13.46
Scorekeepers/Referee-in-Chief	\$ 169.04
Awards	\$ 40.37
Total:	\$ 320.00

8. **SCMAF PLAYERS MEDICAL FUND**-League fee includes (\$500 maximum reimbursement). Recommend upgrade to SCMAF Accident Protection Program, \$15,000 medical insurance for an additional \$115.

9. **MANAGER'S MEETING**-**Tuesday, May 7, 6:30pm** via Zoom meeting. **All managers or assistant managers are required to attend**. League rules and conditions of play are discussed.

10. **FORFEIT PROCEDURE**-Each team is required to provide a valid credit card number which is charged only if a team forfeits and does not pay officials at the site.

11. **SPACE IS LIMITED TO 8 TEAMS PER LEAGUE** (each league must have even number of teams).

12. **IMPORTANT DATES**

Monday, March 18 Priority In-District registration opens at 9:00am
Monday, March 25 In-District and Out-of-District registration begins 9:00am (if space is available)
Tuesday, May 7 Manager's Meeting 6:30pm, via Zoom
Monday, May 20 LEAGUE PLAY BEGINS

13. **DIVISIONS**

Monday D	Thousand Oaks Community Center	6:30-10:30pm
Tuesday C	Dos Vientos Community Center	6:30-10:30pm
Tuesday D	Borchard Community Center	6:30-10:30pm
Thursday D	Thousand Oaks Community Center	6:30-10:30pm

14. **IN-DISTRICT/OUT-OF-DISTRICT**-For priority registration only. In-District teams must meet one of the following requirements:

1. Have no more than two players residing outside CRPD boundaries (Thousand Oaks, Newbury Park, and Ventura County portion of Westlake Village) **OR-**
2. Be sponsored by a company or business located within CRPD boundaries, in which case all employees of that company are considered In-District. (There may be no more than two non-employees on the team who reside outside of the District). Any team NOT meeting one of the two requirements will be classified as Out-of-District.

15. **IN-DISTRICT REGISTRATION**-Priority is awarded to In-District applications and fees received on or before **Friday, March 22, 5:00pm**. **Full league fees must be paid; without payment teams are not registered in the league.**

16. **LATE IN-DISTRICT/OUT-OF-DISTRICT REGISTRATION**-Registration is accepted beginning **Monday, March 25, 9:00am**. Applications are processed on a first come, first served basis. **Full league fees must be paid; without payment teams are not registered in the league**

17. **LOTTERY**-Every attempt is made to place teams in the league; however, in the event In-District registration requests exceed available spaces the following occurs:

1. All valid In-District applications received on or before deadline are subject to a public lottery during the manager's meeting.
2. Teams NOT represented at the manager's meeting are placed in the lottery first.
3. Teams represented at the meeting are placed in the lottery only if necessary.
4. Teams eliminated by lottery are automatically refunded their fee and placed on a waiting list.

18. **REFUND POLICY**-Refunds will be granted to sports league and tournament teams prior to final confirmation of team schedules. **REFUNDS WILL NOT BE GRANTED AFTER TEAM SCHEDULES HAVE BEEN ESTABLISHED.**

19. **PAYMENTS**- VISA, MC, AmEx, Disc or Visa/MC debit cards are accepted. Application and league fees to: **Sports/Basketball Registration 403 W. Hillcrest Drive Thousand Oaks, 91360**. Fax to 805-381-2726 or e-mail to sports@crpd.org

2024 CRPD SUMMER BASKETBALL Application

TEAM DETAILS

Team Name: _____

Manager's Name: _____

Phone Number: _____

Address/City/Zip: _____

E-Mail Address: _____

Manager's Name: _____

Phone Number: _____

Address/City/Zip: _____

E-Mail Address: _____

Payer: (If Not Manager) _____

Address/City/Zip: _____

E-Mail Address: _____

DIVISION SELECTION

☐ Monday D

☐ Tuesday C

☐ Thursday D

☐ Tuesday D

The majority of the players on this team reside: _____

☐ In-District

☐ Out-of-District

(District boundaries include Thousand Oaks, Newbury Park, and the Ventura County portion of Westlake Village.)

Has this team played in a CRPD League before? _____

☐ No

☐ Yes (Complete Below)

Team Name: _____

Season: _____

Night: _____

Record: _____

Notes for Sports Staff

PAYMENT DETAILS

Payment Type: _____

☐ Cash

☐ Credit Card

☐ Check #

Cardholder Name: _____

Card Number: _____

Expiration: _____

I authorize the credit or debit card listed above to be charged in the event of a forfeit.

FOR OFFICE USE ONLY

Receipt Number: _____

Amount: _____

Date: _____

2024 SUMMER BASKETBALL Team Roster

Team Name:

League:

Date:

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. PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during these activities and hereby grant CRPD permission to use any such photo(s) for advertising or in promotional materials. I UNDERSTAND 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 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 CRPD 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 ABOVE ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

ROSTER

##	PRINT NAME	PHONE	E-MAIL	CITY OF RESIDENCE	SIGNATURE
1					
2					
3					
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6					
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8					
9					
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11					
12					
13					
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