

# *Sand Volleyball*

*coed 4 on 4*

**Matches Played At**

**Dos Vientos Community Park Sand Courts**

**4801 Borchard Road, Newbury Park**

**Tuesday Evenings**

**June 11 - August**

**TEAM FEE \$190**

**SPORTS 805-495-4674 [sports@crpd.org](mailto:sports@crpd.org)**

# 2024 Adult Summer Sand Volleyball League

## Registration Packet

- GAME SITE** ***Dos Vientos Community Center - Sand Courts*** 805-375-1003  
4801 Borchard Road, Thousand Oaks CA 91320
- ROSTERS** - Are limited to eight players per team (minimum age 16 years). Completed rosters are due upon registration. Final rosters (with signatures) are due **Friday, June 7.**
- LEAGUE PLAY** - 4 on 4 Coed with two men and two women. Each team is scheduled for ten weeks of matches starting **Tuesday, June 11.**
- OFFICIAL FEE** - Each team is required to pay a **\$10** official's fee prior to each match. Official fees are not included in league fees. One official is scheduled for each match.
- AWARDS** – Six League Champion and six Finalist awards are presented to the winning teams.
- LEAGUE FEE BREAKDOWN**

League Organization	\$ 60.00
SCMAF/PMBF Registration	\$ 27.00
Utilities	\$ 3.00
Equipment	\$ 30.00
Monitors, Referee-in-Chief	\$ 30.00
Awards	<u>\$ 40.00</u>
<b>Team fee</b>	<b>\$190.00</b>
- INSURANCE** - League fee includes SCMAF Players Medical Benefit Fund (\$500 maximum reimbursement). Teams may upgrade to SCMAF Accident Protection Program (\$15,000 medical insurance) for an additional \$115. **Submit payment by June 3.**
- PAYMENTS** - VISA, Master Card, American Express, and Discover cards are accepted. E-mail registration to sports@crpd.org; fax 805-381-2726; mail to 403 W. Hillcrest Drive, Thousand Oaks 91360.
- IMPORTANT DATES**

<b>Monday, April 8</b>	<b>Priority In-District registration opens at 9:00am</b>
<b>Monday, April 15</b>	In-District and Out-of-District registration begins 9:00am (if space is available)
<b>Tuesday, June 4</b>	Manager's Meeting 6:30pm, <b>via Zoom</b>
<b>Tuesday, June 11</b>	<b>LEAGUE PLAY BEGINS</b>
- DIVISIONS**  
Upper and lower
- FORFEIT PROCEDURE** - Each team is required to provide a valid credit card number which is charged only if a team forfeits without paying officials at the site.
- DISTRICT REFUND POLICY** - Refunds will be granted to sports league teams prior to final confirmation of team schedules. **REFUNDS WILL NOT BE GRANTED AFTER TEAM SCHEDULES HAVE BEEN ESTABLISHED.**

# 2024 CRPD SUMMER SAND VOLLEYBALL 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

UPPER

LOWER

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 CRPD SUMMER SAND VOLLEYBALL 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 the District permission to use any such photo(s) for advertising or in promotional materials.

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](http://www.crpdp.org/concussion) and [www.crpdp.org/opioid](http://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](http://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 FREE WILL.**

## ROSTER

PRINT NAME

PHONE

CITY of RESIDENTS

SIGNATURE

1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____