

FALL 2025



ADULT BASKETBALL LEAGUE

AUGUST - OCTOBER



Whether you're chasing the win or just the workout, this league brings the energy, camaraderie, and competition you've been missing.

TEAM FEE: \$320

For info call 805-495-4674 or email sports@crpd.org



2025 ADULT FALL 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** - Rosters are due upon registration. Signatures are not required until game time. Limited to fifteen players per team/ minimum age 16 years. Players cannot be added after the 8th game.
3. **GAMES** - Each team is scheduled for **TEN** league games. Teams are classified based on their previous league performance and current player personnel. League play starts August 25.
4. **OFFICIAL FEES** - Each team is required to pay a **\$40 official's fee (cash)** prior to each game. Official 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. **TEAM UNIFORMS** - Team uniforms with numbers on front and back are required. Must be uniform in color. Reversible color shirts are recommended.
- 7.
8. **LEAGUE FEE BREAKDOWN** (***Rate increase being evaluated for 2026. Last increase was 2020*)
- | | |
|-------------------------------|------------------|
| 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 |
9. **SCMAF PLAYERS MEDICAL BENEFIT FUND** - League fee includes SCMAF Players Medical Benefit Fund (\$500 maximum reimbursement). Additional Medical with Liability Insurance for \$150 (not required). Contact Sports for more information.
10. **MANAGER'S MEETING** - **Wednesday, August 13, 6:30pm via Zoom. All managers or assistant managers are required to attend.** League rules and conditions of play are discussed.
11. **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.

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. **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.

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

16. **SPACE IS LIMITED TO 8 TEAMS PER LEAGUE - (Open until filled)**

17. **IMPORTANT DATES**

Monday, July 28	Registration begins 9:00am (Open until filled)
Wednesday, August 13	Manager's Meeting 6:30pm, via Zoom
Monday, August 25	LEAGUE PLAY BEGINS

2025 CRPD FALL BASKETBALL Application

TEAM DETAILS

Team Name: _____ Date: _____

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

Sunday Coed

Tuesday C

Thursday D

Monday 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: _____

Additional Medical with Liability Insurance \$150.00 (not required)

[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: _____

2025 FALL 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.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 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.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 ABOVE ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

ROSTER

##	PRINT NAME	PHONE	E-MAIL	CITY OF RESIDENCE	SIGNATURE
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