



**FALL
2025**

V **ADULT LLEYBALL LEAGUE**

**Serve up the fun!
Join today!**

**AUGUST-
SEPTEMBER**

**@ THOUSAND OAKS
CENTER**

**TEAM FEE
\$211**



**FOR INFO OR TO SIGN UP
CALL 805-495-4674 or SPORTS@CRPD.ORG**

CRPD 2025 Adult Fall Volleyball League

Registration Packet



1. **GAME SITE** - **Thousand Oaks Community Center** (TOC) 805-381-2793
2525 North Moorpark Road, Thousand Oaks, CA 91360
2. **ROSTERS** - Limited to fifteen players per team (minimum age 16). Completed rosters are due upon registration. Final rosters (with signatures) due **by game day**.
3. **LEAGUE PLAY** - Each team is scheduled for 10-12 league matches starting **Sunday, August 17**.
4. **CLASSIFICATION MATCHES** – Based on team’s previous record.
5. **OFFICIAL FEE** - Each team is required to pay a **\$15 official's fee** prior to each match. Official's fees are not included in league fees. One SCMAF Certified Official is scheduled for each match.
6. **MANAGERS MEETING** – **Wednesday, August 6, 6:30pm** via **Zoom** meeting. All managers or assistant managers are required to attend. League rules and conditions of play are discussed.
7. **AWARDS** - Ten individual awards are presented to League Champions and Finalists.
8. **LEAGUE FEE BREAKDOWN**

League Organization	\$ 88.18
SCMAF/PMBF Registration	\$ 27.00
Utilities	\$ 7.54
Equipment	\$ 25.08
Monitors, Referee-in-Chief	\$ 23.20
Awards	\$ 40.00
Team fee	\$211.00
9. **INSURANCE** - League fee includes SCMAF Players Medical Benefit Fund (\$500 maximum reimbursement). Additional Medical with Liability Insurance for \$150 (not required)
10. **PAYMENTS** - VISA, Master Card, American Express, and Discover cards are accepted. Mail league fees to: Sports, 403 W. Hillcrest Drive Thousand Oaks, CA 91360. Fax to 805-381-2726 or e-mail to sports@crpd.org
11. **IMPORTANT DATES**

Monday, July 21	Registration opens 9:00am
Wednesday, August 6	Manager's Meeting, 6:30pm
Friday, August 15	Completed final roster due
Sunday, August 17	LEAGUE PLAY BEGINS - TOC
Wednesday, August 20	LEAGUE PLAY BEGINS - TOC
12. **DIVISIONS**

Wednesday	B - C	Thousand Oaks Community Center
Sunday	B - C-	Thousand Oaks Community Center
13. **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.
14. **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.**

2025 CRPD ADULT FALL VOLLEYBALL 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

<input type="checkbox"/> Sunday	B	C+	C-	D
<input type="checkbox"/> Wednesday	B	C+	C-	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 ADULT FALL VOLLEYBALL team roster

Team Name:

League:

Date:

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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					