ADULT BASKETBALL

FALL LEAGUE

SEPTEMBER– NOVEMBER

+ DECEMBER PLAYOFFS!

OPEN TO: TEAMS OF ALL SKILLS

TEAM FEE: $320

DONT HAVE A TEAM? JOIN OUR FREE AGENTS LIST!

SEASON STARTS SOON
REGISTER TODAY!

WWW.CRPD.ORG/SPORTS

FOR MORE INFORMATION CALL (805) 495-4674 OR EMAIL SPORTS@CRPD.ORG

Conejo Recreation & Park District

2026 Fall Adult Basketball League Registration

League Overview

The Conejo Recreation & Park District Adult Summer Basketball League offers organized, competitive league play for adult teams across multiple community centers. Teams are grouped by skill level based on prior league performance and current team personnel.

- **Season Length**: 10 scheduled league games per team plus two weeks of playoffs
- **League Play Begins**: Sunday, September 13th
- **Minimum Age**: 16 years (Minors will need a signed parent consent form in order to be eligible to play)

Game Locations

- Borchard Community Center
  190 North Reino Road, Newbury Park, CA 91320
  Phone: 805-381-2791
- Dos Vientos Community Center
  4801 Borchard Road, Newbury Park, CA 91320
  Phone: 805-375-1003
- Thousand Oaks Community Center
  2525 North Moorpark Road, Thousand Oaks, CA 91360
  Phone: 805-381-2793

Divisions & Game Times

- Monday – Division D | Thousand Oaks Community Center | 6:30–10:30 PM
- Tuesday – Division C | Dos Vientos Community Center | 6:30–10:30 PM
- Tuesday – Division D | Borchard Community Center | 6:30–10:30 PM
- Thursday – Division D | Thousand Oaks Community Center | 6:30–10:30 PM
- Sunday – Division D | Borchard Community Center | 5:00–9:00 PM

Team Rosters

- Rosters are due at the time of registration
- Signatures are not required until game time
- Maximum roster size: 15 players per team
- Players may not be added after the 8th game
- Final rosters with all player names and signatures are due August 24th

Conejo Recreation & Park District

Team Uniform Requirements

- Team uniforms are required for league play
- Jerseys must display numbers on the front and back
- All team uniforms must be uniform in color
- Reversible jerseys are strongly recommended

Officials & Scorekeeping

- Two scorekeepers are scheduled for every game and are included in league fees
- Each team must pay a $40 cash officials' fee prior to each game
- Officials' fees are not included in the league registration fee

League Fees

- Team Fee Total: $320.00
- League Organization: $48.88
- SCMAF / PMBF Registration: $38.00
- Utilities: $10.25
- Equipment: $14.46
- Scorekeepers / Referee-in-Chief: $168.04
- Awards: $40.37

SCMAF Players Medical Benefit Fund

- League fees include SCMAF Players Medical Benefit Fund coverage
- Maximum reimbursement: $500
- Optional additional medical and liability insurance available for $150

Awards

- Ten individual awards presented to League Champion and Finalist teams

Forfeit Policy

- Valid credit card required on file; charged only if officials are not paid after a forfeit

Refund Policy

- Refunds granted only prior to final confirmation of team schedules
- No refunds after schedules are established

SPORTS OFFICE
403 W Hillcrest Drive, Thousand Oaks, CA 91360
805-495-4674 | sports@crpd.org

Conejo Recreation & Park District

Registration & Payments

- Visa, MasterCard, American Express, Discover, Visa/MasterCard debit
- Sports / Basketball Registration
- 403 W. Hillcrest Drive
- Thousand Oaks, CA 91360
- Fax: 805-495-4674
- Email: sports@crpd.org

Registration Limits

- Limited to 8 teams per league

Important Dates

- July 24 – Registration opens at 9:00 AM
- September 13 – League play begins

2026 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 FULL

☐ Monday D FULL ☐ Tuesday D

The majority of the players on this team reside: ☐ In-District ☐ Out-of-District

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: _____

2026 FALL BASKETBALL 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. **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 and 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 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 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.

MEDICATIONS: I understand that medication should be taken outside of program hours. If an accommodation is needed during program hours, it is my responsibility to contact the Inclusion Coordinator (please check the Inclusion Process box below).

I UNDERSTAND THAT THE CONEJO RECREATION AND PARK DISTRICT 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 FREE WILL.

ROSTER

##	PRINT NAME	PHONE	E-MAIL	CITY OF RESIDENCE	SIGNATURE
1					
2					
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