



CRPD SPORTS PRESENTS

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2026 WINTER VOLLEYBALL LEAGUE



*Stay active, meet new people, and enjoy
some friendly competition this winter! All
skill levels welcome!*

Sign up today!

JANUARY - MARCH

FEE:

\$214

**SUNDAY & WEDNESDAY
EVENINGS**

SIGN UP TODAY! 805-495-4674 OR EMAIL SPORTS@CRPD.ORG



CRPD 2026 Adult WINTER Volleyball League

Registration Packet

1. **GAME SITE** - **Thousand Oaks Community Center (TOC)** 805-381-2793
2525 North Moorpark Road, Thousand Oaks, CA 91360

Borchard Community Center (BOC) 805-381-2791
190 Reino Road , Newbury Park , Ca 91320
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, January 11.**
4. **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.
5. **AWARDS** - Ten individual awards are presented to League Champions and runner-up teams.
6. **LEAGUE FEE BREAKDOWN**

League Organization	\$ 88.18
SCMAF/PMBF Registration	\$ 30.00
Utilities	\$ 7.54
Equipment	\$ 25.08
Monitors, Referee-in-Chief	\$ 23.20
Awards	<u>\$ 40.00</u>
Team fee	\$214.00
7. **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.
8. **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
9. **IMPORTANT DATES**

Monday, December 8	Registration opens 9:00am
Friday, January 9	Completed final roster due
Sunday, January 11	LEAGUE PLAY BEGINS – TOC/BOC
Wednesday, January 14	LEAGUE PLAY BEGINS - TOC
10. **DIVISIONS**

Wednesday	B - C	Thousand Oaks Community Center
Sunday	B - C-	Thousand Oaks Community Center
11. **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.
12. **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.**

2026 CRPD Winter 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

Sunday

B

C+

C-

D

Weds

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: _____

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: _____

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.

CODE OF CONDUCT: I understand that the Conejo Recreation and Park District has a code of conduct (crpd.org/conduct) and I agree to abide by its policies and conditions.

CONSENT FOR EMERGENCY MEDICAL TREATMENT: As the participant or the parent, legal guardian, or appointed conservator of the participant, 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 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 crpd.org/concussion and crpd.org/opioid.

AGREEMENT, WAIVER, AND RELEASE CONTINUED ON NEXT PAGE

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 HAVE CAREFULLY READ THE 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 ENTITIES AND I SIGN IT OF MY FREE WILL.

TEAM ROSTER					
##	Full Name	Phone	E-Mail Address	City of Residence	Signature
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
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