



CRPD Sports Unit Presents

ADULT 7V7 COED SOCCER LEAGUE

2026 FALL LEAGUE

TEAM REGISTRATION

\$287

Flying solo?
Join our Free
Agent list!



LEAGUE RUNS

OCTOBER - DECEMBER

LEAGUE STARTS

TUESDAY, OCTOBER 6

GAMES PLAYED AT

DOS VIENTOS & DEL PRADO COMMUNITY PARKS

FOR MORE INFO CALL 805-495-4674



Conejo Recreation & Park District

ADULT 7v7 SOCCER LEAGUE

Game Locations:

Del Prado Playfield

402 Calle Del Prado, Newbury Park

Phone: 805-375-1003

Dos Vientos Community Park

4801 Borchard Road, Newbury Park

Phone: 805-375-1003

Team Rosters:

- Maximum roster: 15 players per team
- All players must:
 - Be listed on the official roster
 - Sign the roster before participating
 - Be at least 18 years old
- Roster deadline: **Game Time**

League Schedule:

- Season Start: Tuesday, October 6th
- Game Nights: Tuesdays
- Game Times: 6:00 PM – 10:00 PM

League Format & Divisions:

- Each team will play 10 regular-season games
- Teams will be placed into divisions based on:
 - Previous league performance
 - Current team composition

Game Officials:

- One certified referee assigned per match
- Each team must pay a \$20 cash referee fee **before** each game
- Referee fees are not included in league registration fees

Awards:

- Awards presented to:
 - Champion team
 - Runner-up team
- Up to 12 individual awards per team

League Fees:

Total Team Fee: \$287

Breakdown:

- League Operations: \$117.21
- SCMAF/PMBF Registration: \$64.00
- Field Lighting: \$64.59
- Awards: \$41.20

Registration & Payment:

- Accepted payment methods:
 - Visa, MasterCard, American Express, Discover
- Submission options:
 - Email: sports@crpd.org
 - Fax: 805-381-2726
 - Mail: 403 W. Hillcrest Drive, Thousand Oaks, CA 91360

Player Insurance:

- League fees include coverage through the SCMAF Player Medical Fund:
 - Up to \$500 reimbursement per claim

Forfeit Policy:

Forfeiting team is responsible for both referee fees of \$40 total

2026 FALL SOCCER 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

☐ COED A☐ COED B

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:
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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: _____
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2026 ADULT FALL SOCCER LEAGUE 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.crpdp.org/concussion and 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.

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.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	E-MAIL	CITY OF RESIDENCE	SIGNATURE
1					
2					
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