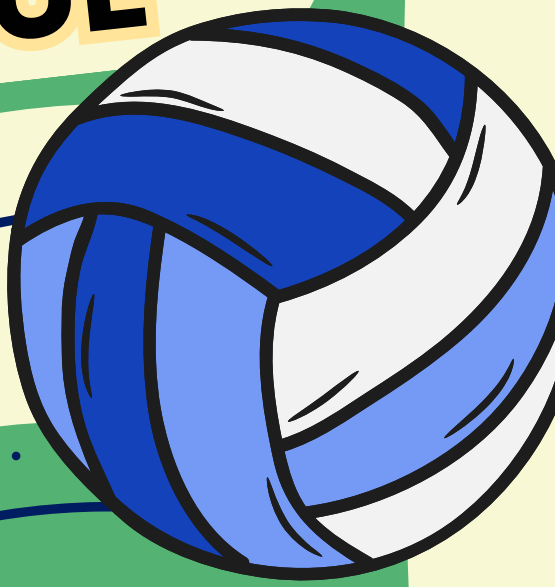
CRPD

Fall Women's VOLLEYBALL LEAGUE



OCTOBER - DECEMBER
THOUSAND OAKS COMMUNITY CENTER

$159 Per Team



OPEN TO:
TEAMS OF ALL SKILLS

Don't Have a Team? Join our Free Agent List!

Spots are limited

Register your team today!

CALL (805) 495-4674

CRPD.ORG/SPORTS



CRPD 2026 ADULT WOMENS 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 (min age 18 years or with a guardian consent). Complete rosters are due **Wednesday, October 28**. All players must sign roster prior to participating.

3. **GAMES/DIVISIONS** - Each team is scheduled for SIX league matches starting Wednesday, October 28. Teams are classified based on their previous record and current player personnel.

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	$ 53.09
SCMAF/PMBF Registration	$ 36.14
Utilities	$ 4.54
Equipment	$ 15.11
Monitors, Referee-in-Chief	$ 13.98
Awards	$ 36.14
Team fee	**$159.00**

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:**
   Wednesday, October 28 **League Play Begins**

10. **DIVISIONS** **Wednesday** **Thousand Oaks Community Center**
    Women's

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 FALL ADULT WOMENS 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

☐ ☐ ☐ ☐ ☐

☐ 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: _____

2026 FALL ADULT WOMEN'S 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. **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					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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14					
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