

# ADULT SPRING 2026 SOCCER LEAGUE

Kick off spring with fun, fitness, and fierce competition - meet new friends, build lasting connections, and join our adult spring soccer league today!

BEGINS  
MARCH 10

TEAM FEE  
\$287

GAME  
LOCATION  
DEL PRADO  
PLAYFIELD

FLYING SOLO?  
JOIN OUR FREE  
AGENT LIST!



805-495-4674  
SPORTS@CRPD.ORG

 **Conejo**  
Recreation & Park District



# Adult 7 on 7 SOCCER RULES

1. All participant names and signatures **must** be on the teams league roster.
2. Players **must** be at least eighteen (18) years of age.
3. All participants shall behave in a sportsmanlike manner at all times.
  - a. Un-sportsmanlike conduct, aggressive play, profanity, derogatory remarks, flagrant fouls, excessive fouling, physical abuse, or fighting are not tolerated.
4. EQUIPMENT - Molded cleats or turf shoes are required. Metal cleats are **prohibited**.
5. FORMAT - Short fields (70x40 yards). Small goals (5x10). No goalie. No offsides. Unlimited substitutions.
6. TEAMS - Games consist of a maximum of 7 players on the field
7. GAME TIME - Two 25-minute halves. Five minute half time.
8. FOULS - **No slide-tackling**. All fouls, handballs, and throw-ins are awarded an indirect kick (the ball must be touched by two players before scoring). Defenders must maintain a distance of 5 yards on all free kicks.
9. SCORE - Goals are counted by ones (1).
10. RAIN - No play. Call Field Condition line 805-381-1236 after 2:00pm game day.
11. Use the schedule to determine Home team.





## **2026 ADULT SPRING SOCCER LEAGUE**

1. **GAME SITES**      *Del Prado Playfield*                      **805-375-1003 (DVC)**  
402 Calle Del Prado, Newbury Park, CA 91320
2. **ROSTERS** - Limited to fifteen players per team (minimum age 18 years). Complete rosters are due **Friday, February 13**. All players must sign roster prior to participating.
3. **GAMES/DIVISIONS** - Each team is scheduled for **TEN** league matches (ten weeks of play). Teams are classified based on their previous record and current player personnel.
4. **OFFICIAL FEE** - Each team is required to pay a **\$20 official's fee** (cash) prior to each match. Official's fees are not included in league fees. One certified official is scheduled for each match.
5. **AWARDS** – Twelve individual for Champion and Runner-Up teams.
6. **LEAGUE PLAY** - Starts **Tuesday, March 10**. Game times are 6:00-10:00pm.
7. **LEAGUE FEE BREAKDOWN**

League Organization	\$ 117.21
SCMAF/PMBF Registration	\$ 64.00
Lights	\$ 64.59
Awards	\$ 41.20
<b>Fee</b>	<b>\$ 287.00</b>
8. **SCMAF PLAYERS MEDICAL FUND** – League fee includes SCMAF Players Medical Fund (\$500 maximum reimbursement).
9. **PAYMENTS** - VISA, MC, AmEx, Disc, or Visa/MC debit cards are accepted. E-mail registration to [sports@crpd.org](mailto:sports@crpd.org); fax 805-381-2726; mail to 403 W. Hillcrest Drive, Thousand Oaks 91360.
10. **REFUND POLICY** - Refunds will not be granted after team schedules have been established.
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. **IMPORTANT DATES**  
**Tuesday, March 10 LEAGUE PLAY BEGINS**

# 2026 CRPD SPRING 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: \_\_\_\_\_

### 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 ADULT SPRING SOCCER 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](http://www.crpdp.org/concussion) and [www.crpdp.org/opioid](http://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](http://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					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					