

# ADULT BASKETBALL

 **Conejo**  
Recreation & Park District

*One Team...  
One Dream*

Summer League starts

**JUNE 10-AUGUST**

**M/T/TH**

**Evenings**

**Team Cost - \$314**

Registration Deadline

Friday, May 17

**SPORTS**

**805-495-4674** [sports@crpd.org](mailto:sports@crpd.org)



# ***SUMMER BASKETBALL LEAGUE***

1. **GAME SITES**

**Borchard Community Center                    805 381-2791**  
**190 North Reino Road, Newbury Park CA 91320**

**Dos Vientos Community Center            805 375-1003**  
**4801 Borchard Road, Newbury Park CA 91320**

**Thousand Oaks Community Center    805 381-2793**  
**2525 North Moorpark Road, Thousand Oaks CA 91360**

2. **ROSTERS**-Limited to fifteen players per team (minimum age: 16 years). Complete rosters due upon registration. Final rosters (names of all players with signatures) due **May 31**.

3. **GAMES**-Each team is scheduled for ten league games. Teams are classified based on their previous league performance and current player personnel.

4. **OFFICIAL FEES**-Each team is required to pay \$30 official's fee (cash) prior to each game. Official's fees are not included in league fees. Two scorekeepers are scheduled for each game and are included in league fees.

5. **AWARDS**-Ten individual awards are presented to League Champion and Finalist teams.

6. **LEAGUE PLAY**-Starts **June 10**. All teams **MUST** have uniforms. Reversible color shirts are recommended; must have numbers and be uniform in color.

7. **LEAGUE FEE BREAKDOWN**

League Organization	\$ 91.11
SCMAF/PMBF Registration	\$ 38.00
Utilities	\$ 10.30
Equipment	\$ 13.98
Scorekeepers/Referee-in-Chief	\$120.35
Awards	\$ 40.26

**Total: \$314.00**

8. **SCMAF PLAYERS MEDICAL FUND**-League fee includes (\$500 maximum reimbursement). Recommend upgrade to SCMAF Accident Protection Program, \$15,000 medical insurance for an additional \$107. Contact Sports for more information.

9. **MANAGER'S MEETING-MANDATORY** Manager's Meeting **Wednesday, May 29, 6:30pm**, at Hillcrest Center, 403 W. Hillcrest Drive, Thousand Oaks. All manager's and/or assistant managers are required to attend. League rules and conditions of play are discussed; basketball rule books, and CRPD Manager's Handbooks are distributed. Managers also vote on awards.

10. **FORFEIT PROCEDURE**-Each team is required to provide a valid credit card number which is charged only if a team forfeits and does not pay officials at the site.

11. **IMPORTANT DATES**  
**FRIDAY, May 17** In-District, pre-registration deadline  
**MONDAY, May 20** Out-of-District and late In-District registration begins, if space is available  
**WEDNESDAY, May 29** Manager's Meeting and completed rosters due 6:30pm at Hillcrest Center (Community Room)  
**FRIDAY, May 31** **FINAL ROSTER (WITH SIGNATURES) DUE, 5:00pm Sports**  
**MONDAY, June 10** **LEAGUE PLAY BEGINS**  
**THURSDAY, July 4** **NO GAMES**
  
12. **DIVISIONS**  
Monday D Thousand Oaks Community Center 6:30-10:30pm  
Tuesday C Dos Vientos Community Center 6:30-10:30pm  
Tuesday D Borchard Community Center 6:30-10:30pm  
Thursday C Dos Vientos Community Center 6:30-10:30pm  
Thursday D Thousand Oaks and Dos Vientos Community Centers 6:30-10:30pm  
Teams may be placed at TOC or DVC depending on number of team registrations
  
13. **IN-DISTRICT/OUT-OF-DISTRICT**-For priority registration only. In-District teams must meet one of the following requirements: 1. Have no more than two players residing outside CRPD boundaries (Thousand Oaks, Newbury Park, and Ventura County portion of Westlake Village)  
**OR-**  
2. Be sponsored by a company or business located within CRPD boundaries, in which case all employees of that company are considered In-District. (There may be no more than two non employees on the team who reside outside of the District). Any team NOT meeting one of the two requirements will be classified as Out-of-District.
  
14. **IN-DISTRICT REGISTRATION**-Application and league fees to: **Sports/Basketball Registration 403 W. Hillcrest Drive Thousand Oaks, CA 91360**. Priority is awarded to In-District applications and fees received on or before **May 17**. Fax to 805-381-2726 or e-mail to [sports@crpd.org](mailto:sports@crpd.org)
  
15. **LATE IN-DISTRICT/OUT-OF-DISTRICT REGISTRATION**-Registration is accepted at Sports beginning **Monday, May 20, 9:00am**. Applications are processed on a first come, first served basis. **Full league fees must be paid; without payment teams are not registered in the league**
  
16. **LOTTERY**-Every attempt is made to place teams in the league; however, in the event In-District registration requests exceed available spaces the following occurs:
  1. All valid In-District applications received on or before the registration deadline are subject to a public lottery during the manager's meeting.
  2. Teams NOT represented at the manager's meeting are placed in the lottery first.
  3. Teams represented at the meeting are placed in the lottery only if necessary.
  4. Teams eliminated by lottery are automatically refunded their fee and placed on a waiting list.
  
17. **REFUND POLICY**-Refunds will be granted to sports league and tournament teams prior to final confirmation of team schedules. **REFUNDS WILL NOT BE GRANTED AFTER TEAM SCHEDULES HAVE BEEN ESTABLISHED.**

# CRPD 2019 ADULT SUMMER Basketball LEAGUE APPLICATION

**TEAM NAME:** \_\_\_\_\_

MANAGER

E-MAIL

ADDRESS/CITY/ZIP

HOME/CELL #

BUSINESS #

ASST. MANAGER

E-MAIL

ADDRESS/CITY/ZIP

HOME/CELL #

BUSINESS #

PAYER (if other than manager)

ADDRESS/CITY/ZIP

PHONE #

DIVISIONS: In- District \_\_\_\_\_ Out-of-District \_\_\_\_\_

Requested Division: Mon D \_\_\_\_\_ Tues C \_\_\_\_\_ Tues D \_\_\_\_\_ Thurs C \_\_\_\_\_ Thurs D \_\_\_\_\_

Has this team played in a previous league? Yes \_\_\_\_\_ No \_\_\_\_\_

Year \_\_\_\_\_ Team Name: \_\_\_\_\_ Division & Night: \_\_\_\_\_ Record: \_\_\_\_\_

## SPORTS MESSAGES

**Office:** Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Method of payment: Cash      Check      Money Order      MC      Visa      American Express      Discover

Cardholder's Name

Card #

Expiration Date:

I authorize this credit card to be used for forfeits

2019 Summer Basketball ROSTER

TEAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

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 in advance CRPD, CTO, COSCA, CVUSD, and WLV (their officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, including the active or passive negligence of each of the named above or any other participants in the event. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission or "gross negligence," as that term is used in applicable case law and/or statutory provision. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:** As the participant of 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.

**I UNDERSTAND THAT THE CONEJO RECREATION & PARK DISTRICT HAS A CODE OF CONDUCT ([www.crpd.org/conduct](http://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 CONEJO RECREATION & PARK DISTRICT AND I SIGNIT OF MY FREE WILL.**

PRINT NAME                      SIGNATURE                      CITY of RESIDENCE                      E-MAIL                      PHONE

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
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