

SAND VOLLEYBALL

Summer 4 on 4 League

*Matches Played At
Dos Vientos Community
Park Sand Courts
4801 Borchard Road Newbury Park
Tuesday Evenings*

JUNE 11 - AUGUST

TEAM FEE \$190

don't DINK about it - SIGN UP!

SPORTS

805-495-4674 sports@crpd.org

2019 Adult Summer Sand Volleyball League Registration Packet

1. **GAME SITE** *Dos Vientos Community Center - Sand Courts* 805-375-1003
4801 Borchard Road, Thousand Oaks CA 91320

2. **ROSTER** - Limited to eight players per team (minimum age 16 years). Completed rosters are due upon registration. Final rosters (with signatures) are due **Friday, June 7.**

3. **LEAGUE PLAY** - 4 on 4 Coed with two men and two women. Each team is scheduled for ten weeks of matches starting **Tuesday, June 11.**

4. **OFFICIAL FEE** - Each team is required to pay a **\$10** official's fee prior to each match. Official fees are not included in league fees. One certified official is scheduled for each match.

5. **AWARDS** – Eight League Champion and eight Finalist awards are presented to the winning teams. Manager's select the type of awards at the mandatory **Manager's Meeting Tuesday, May 28.**

6. **LEAGUE FEE BREAKDOWN**

League Organization	\$ 60.00
SCMAF/PMBF Registration	\$ 27.00
Utilities	\$ 3.00
Equipment	\$ 30.00
Monitors, Referee-in-Chief	\$ 27.00
Awards	<u>\$ 40.00</u>
Team fee	\$190.00

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 \$107. **Submit payment by June 7.**

8. **PAYMENTS** - VISA, Master Card, American Express, and Discover cards are accepted.

9. **IMPORTANT DATES**

Friday, May 24	Mail-in/In-District pre-registration deadline
Monday, May 27	Late registration begins, if space is available
Tuesday, May 28	Manager's Meeting, 6:30pm, at Hillcrest Center
Tuesday, June 4	Open play 6:30-8:30pm at Dos Vientos Park Sand Courts (for registered teams)
Friday, June 7	Completed final roster due (with signatures) by 5:00pm Sports
Tuesday, June 11	LEAGUE PLAY BEGINS

10. **DIVISIONS**
Upper and lower

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.**

CRPD 2019 ADULT SUMMER SAND VOLLEYBALL 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: Upper _____ Lower _____
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 Sand Volleyball 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) 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. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____