



Conejo

Recreation & Park District

ADULT WINTER SOCCER

LEAGUE 2024

BEGINS

**FEBRUARY
20**

Game Location

Del Prado Playfield

402 Calle Del Prado, Newbury Park, CA 91320

Manager's Meeting

Tuesday, February 6th

Fee \$285

More info 805-495-4674

sports@crpd.org



2024 ADULT WINTER 7 on 7 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 16**. 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 Finalist.
6. **LEAGUE PLAY** - Starts **Tuesday, February 20**. Game times are 6:00-10:00pm.
7. **LEAGUE FEE BREAKDOWN**

League Organization	\$ 117.21
SCMAF/PMBF Registration	\$ 62.00
Lights	\$ 64.59
Awards	\$ 41.20
Fee	\$ 285.00
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; 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. **LOTTERY** - Every attempt is made to place teams in the league; however, in the event In-District registration requests out number available space before In-District and Out-of-District registration begins, the following occurs:
 - A. All valid In-District applications received before the Out-of-District registration begins are subject to a public lottery during the manager's meeting.
 - B. If there are teams not represented at the manager's meeting, those teams are placed in the lottery first.
 - C. Teams represented at the meeting are placed in the lottery only if necessary.
 - D. Teams eliminated by lottery are automatically refunded their fee and placed on a waiting list.
13. **IMPORTANT DATES**

Monday, December 11	Priority In-District registration opens at 9:00am
Monday, December 18	In-District and Out-of-District registration begins 9:00am (if space available)
Friday, February 2	REGISTRATION DEADLINE
Tuesday, February 6	Manager's Meeting 6:30pm, via Zoom
Tuesday, February 20	LEAGUE PLAY BEGINS

2024 CRPD WINTER SOCCER 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

☐ 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: _____

Team Name: _____ League: _____ Date: _____

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 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. PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during these activities and hereby grant CRPD permission to use any such photo(s) for advertising or in promotional materials. I UNDERSTAND 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 CRPD 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 CRPD 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 OWN FREE WILL.**

#	Print Name	Phone	E-Mail	City of Residence	Signature
1					
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