



Conejo
Recreation & Park District

Soccer

**2019 "7 on 7"
Adult Summer League**

LOCATION

Dos Vientos Community Park

4801 Borchard Road - Newbury Park

DATE / TIME

TUESDAY JULY 9 - SEPTEMBER

6:00 - 10:00pm

TEAM COST - \$278

Age 18 + Men's and Coed Divisions - All Skill Levels

SPORTS 805-495-4674

sports@crpd.org



2019 ADULT SUMMER 7 on 7 SOCCER LEAGUE

1. **GAME SITE** **Dos Vientos Community Park 805-375-1003 (DVC)**
4801 Borchard Road, Newbury Park, CA 91320
2. **ROSTERS** - Limited to fifteen players per team (minimum age 18 years). Complete rosters are due **Tuesday, June 25**. All players must sign roster prior to participating.
3. **GAMES** - 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 **\$14** official's fee (cash) prior to each match. Official's fees are not included in league fees. One FIFA Certified Official is scheduled for each match.
5. **AWARDS/MANAGER'S MEETING** – Twelve individual for Champion and Finalist. Managers select the type of awards at the mandatory manager's meeting **Tuesday, June 25, 6:30pm**.
6. **LEAGUE PLAY** - Starts **Tuesday, July 9**. Game times are 6:00-10:00pm.
7. **LEAGUE FEE BREAKDOWN**

League Organization	\$110.21
SCMAF/PMBF Registration	\$ 62.00
Lights	\$ 64.59
Awards	<u>\$ 41.20</u>
Fee	\$278.00
8. **SCMAF PLAYERS MEDICAL FUND** – League fee includes SCMAF Players Medical Fund (\$500 maximum reimbursement).
9. **PAYMENTS** - Visa, MasterCard, Discover, and American Express are accepted. E-mail registration to sports@crpd.org fax 805-381-2726 or 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.
13. **IMPORTANT DATES TO REMEMBER**

Friday, June 21	Mail-in/In-District priority registration deadline.
Monday, June 24	Late In-District and Out-of-District registration begins (if space is available) 9:00am-5:00pm
Tuesday, June 25	Manager's Meeting 6:30pm, Hillcrest Center Community Room. Final roster due (with signatures and contact info)
Tuesday, July 9	LEAGUE PLAY BEGINS

CRPD 2019 ADULT SUMMER 7 on 7 SOCCER LEAGUE APPLICATION

TEAM NAME _____

SPORTS MESSAGE

MANAGER'S NAME

E-MAIL

ADDRESS/CITY/ZIP

HOME/CELL #

BUSINESS #

ASST. MANAGER'S NAME

E-MAIL

ADDRESS/CITY/ZIP

HOME/CELL #

BUSINESS #

PAYER (name that appears on the check)

ADDRESS/CITY/ZIP

PHONE/CELL #

BUSINESS #

DIVISIONS: In- District _____ Out-of-District _____

Tuesday / Requested Division: Men's _____ Coed _____

Has this team played in a previous league? Yes _____ No _____ Where? _____

Year _____ Team Name: _____ Division: _____ Night: _____ Record: _____

Receipt # _____ Check # _____ Amount _____ Date _____

Method of payment: Cash

Check

Money Order

MC

Visa

Cardholder's Name

MasterCard/Visa #

Expiration Date

I authorize this credit card to be used for forfeit fee payments

I authorize this credit card to be used for forfeits

2019 Summer SOCCER 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. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____