

ConejoRPD After School Recreation Registration Form

Parent Name/*Nombre del padre* _____ Email _____

Address/*Domicilio* _____ City/*Ciudad* _____ Zip/*Código Postal* _____

Day Phone/ *Número de teléfono durante el día* _____ Evening Phone/ *Número de teléfono por la noche* _____

Activity Number <i>Número de actividad</i>	Participant's Full Name <i>Nombre Completo del Participante</i>	Teacher's Name & Grade <i>Nombre del maestra/o y Grado</i>	Birthdate <i>Fecha de nacimiento</i>	Gender <i>Genero</i>	Fee <i>Precio</i>
TOTAL TO BE PAID BY CVUSD →					

Special medical conditions or allergies/*Condiciones medicas especiales/Alergias* _____

After class, my child: / Después de clase mi hija/o

- Will be picked up in the room / Sera Recogido en el salón**
- Has permission to walk to parking area / Tiene permiso de Caminar al estacionamiento**
- Has permission to walk/ ride bike / Tiene permiso de caminar o Irse en su bicicleta**
- Will be escorted by CRPD staff to onsite Child Care / Tiene permiso de Irse a la guardería**

CVUSD USE ONLY

School Name: _____

Program student is part of: _____

Authorizing Person: _____

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.

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/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 & 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 THAT CRPD HAS A CODE OF CONDUCT (www.crpdp.org/conduct) and agree to abide by its 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.

Signature / Firma

Name (Printed) / Nombre (Impreso)

Date / Fecha

Once completed please email forms to: boc@crpd.org or deliver to Borchard Community Center at 190 N Reino Road, Newbury Park CA 91320

CVUSD USE ONLY

The Conejo Valley Unified School District agrees to pay, upon enrollment of the above classes and receipt of an invoice, the total class fees to the Conejo Recreation and Park District

Signature / Firma

Name (Printed) / Nombre (Impreso)

Date / Fecha