



# Conejo

Recreation & Park District

## AFTER SCHOOL RECREATION

# EARTHS

*All classes are held at school campus • No class on days of no school  
Register online today! [www.crpdp.org/reg](http://www.crpdp.org/reg) – keyword “Earths”*

### MONDAYS

9/16-11/4

2:45-3:45pm

6 wks - No class 9/30,10/14

#### Grades 1-5

#### Ukulele

**\$57 #5400.4191**

#### Room 4

Come learn the ukulele while singing new songs and some old favorites! Instruments will be provided or you may bring your own.

Instructor: Jennifer Fry

### TUESDAYS

9/17-11/12

1:35-2:35pm

8 wks - No class 10/15

#### Grades 1-5

#### Escape Room

**\$75 #5401.4191**

#### Room: Library

Work collaboratively to solve puzzles and riddles using creative thinking, logic, and problem solving.

Materials fee: \$10

Instructor: Ashley Wright

### FRIDAYS

9/20-11/15

2:45-3:45pm

7 wks - No class 10/18,11/1

#### Grades 1-5

#### Jacob Flame Karate

**\$66 #5403.4191**

#### Multi Purpose Room

Martial arts basics, including bully awareness and stranger danger as well as character development. All students new to the program receive a white belt and have the option of testing for a new rank at the end of the session.

Instructor: Tang Soo Do University

#### Grades 1-5

#### Super Soccer Stars

**\$75 #5402.4191**

#### Practice Field 2

Our high energy classes build confidence and ball control through fun games and exciting activities! Learn to shoot, dribble, pass, and defend like a champion!

Instructor: Super Soccer Stars

#### Grades 1-5

#### Outdoor Games w/Friends

**\$66 #5404.4191**

#### Room 4

Explore new and old active games working with hula hoops, jump ropes (tricks & double dutch), relays, parachute and tag, and much more with Miss Fry!

Instructor: Jennifer Fry

**Please register early to avoid disappointment!**  
*Classes not meeting minimum enrollment may be cancelled.*

**Have an idea for a class or know someone who may be interested in teaching a class?**

**Call Borchard Center staff at:**  
**805-381-2791**  
**or email:**  
**[aspboc@crpd.org](mailto:aspboc@crpd.org)**

**Parks  
Make  
Life  
Better!**

**First Day of Class:** An announcement will be made to the children reminding them of the location of the class. They are to go directly to their class after school.

**Lab Fees:** Must be paid at the time of class registration by check, cash, or credit card. Lab fee is separate from class fee.

**Pick-Up:** Children must be picked up immediately after class. Failure to pick up your child on time could result in dismissal from the program without a refund.  
**\$1 per minute late fee will be charged.**

**Absences:** Please notify Borchard Community Center staff at 805-381-2791 if your child will be absent. Attendance is taken in each class and absences are verified.

**Rainy Days:** Rain or bad weather will not cancel programs; classes will be moved indoors.

### Refunds & Cancellation by the Participant

- A full refund will be granted if we are notified 2 business days prior to class.
- Refunds or transfers will not be granted day of class or once a class has begun.
- Students may NOT “try out” a class.
- Refunds for medical reasons will be granted on a pro-rate basis; written verification by a physician is required.

### Cancellations by Conejo Recreation & Park District

- A full refund will be made if a class is cancelled by the District prior to the class starting date.
- Children may be dismissed from the program without a refund due to behavior problems.

**Registration for Classes & Lab Fees is now ONLINE! [www.crpdp.org/reg](http://www.crpdp.org/reg) using keyword: *afterschool***  
**(Lab fees must be paid when registering)**

# ConejoRPD After School Recreation Registration Form

Parent Name/Nombre del padre \_\_\_\_\_ Email \_\_\_\_\_  
 Address/Domicilio \_\_\_\_\_ City/Ciudad \_\_\_\_\_ Zip/Código Postal \_\_\_\_\_  
 Day Phone/ \_\_\_\_\_ Evening Phone/ \_\_\_\_\_  
 Número de teléfono durante el día \_\_\_\_\_ Número de teléfono por la noche \_\_\_\_\_

| Activity Number<br>Número de actividad | Participant's Full Name<br>Nombre Completo del Participante | Teacher's Name & Grade<br>Nombre del maestra/o y Grado | Birthdate<br>Fecha de nacimiento | Gender<br>Genero | Fee<br>Precio |
|--|---|--|----------------------------------|------------------|---------------|
|  |   |  |                                  |                  |               |
|  |   |  |                                  |                  |               |
|  |   |  |                                  |                  |               |
|  |   |  |                                  |                  |               |
| <b>TOTAL →</b>                         |   |  |                                  |                  |               |

Special medical conditions or allergies/Condiciones medicas especiales/Alergias \_\_\_\_\_

Method of Payment: ☐ MasterCard ☐ Visa ☐ Visa/MC Check/Debit Card ☐ AmEx ☐ Discover ☐ Check/Money Order ☐ Cash  
 Forma de pago: Tarjeta de débito Cheque Efectivo

Cardholder's Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_  
 Titular en la tarjeta (Imprima su nombre) Firma

Charge to Card # \_\_\_\_\_ Exp. Date (mm/yy) \_\_\_\_\_  
 Número de la tarjeta Fecha de Vencimiento

**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 ride his/her bike / Tiene permiso de Irse en su bicicleta  
 \_\_\_\_\_ Has permission to walk home / Tiene permiso de caminar a casa  
 \_\_\_\_\_ Will be escorted by CRPD staff to onsite Child Care / Tiene permiso de Irse a la guardería

**Email, FAX or Walk-In Registration To:**  
**Email, FAX ó liegue a un centro para registración:**  
 Borchard Community Center  
 190 Reino Rd. Newbury Park, Ca 91320  
 Email: aspboc@crpd.org • FAX: (805) 498-1055 • Ph: (805) 381-2791  
**Make Checks Payable to CRPD**  
**Haga los cheques a nombre de CRPD**

## 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.

**PARENTAL CONSENT:** (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter \_\_\_\_\_ 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 free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minors may sustain while participating in said activities.

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 SIGN IT OF MY FREE WILL.

Signature / Firma

Name (Printed) / Nombre (Impreso)

Date / Fecha

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