

Thousand Oaks Teen Center LEAGUE REGISTRATION FORM

Parent/Guardian Name Fir	rst	Last		
Address		City	StateZip	
Phone Numbers Day		Evening Cell		
Email Address		School		
Check Applicable:		Participant's Full Name	Birthdate	Current Grade
Boys	Volleyball			
Girls	Basketball			
Coed	Soccer			
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 aw 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.				
listed above partic that said minors ar above free and har	ipate in the above activities, and I have physically able to participate in sa	ed by parent/guardian if applicant is under 18 years creby execute the above Agreement, Waiver, and Re id activities. I hereby agree to indemnify and hold the ge, cost, or expense which they may incur as a result articipating in said activities.	lease on his/her/th ne persons and ent	eir behalf. I state ities mentioned
	nformation regarding the use of opic	MATION is available regarding 1) concussions the oids, and acknowledge receipt of the information via		
the participant of t or my dependent a	his program, I hereby give consent t	CATMENT: As the participant or the parent, legal go to the Conejo Recreation & Park District to obtain a lical professional. This care may be given for whatever dependent.	ll medical or denta	l care for myself
		ATION AND PARK DISTRICT HAS A CODE (BY ITS POLICIES AND CONDITIONS.	OF CONDUCT	
I AM AWARE TI		NT, WAIVER, AND RELEASE AND FULLY UN IABILITY AND A CONTRACT BETWEEN M N IT OF MY FREE WILL.		
	Signature	Name (Printed)		ate

PLEASE NOTE: CRPD staff often take photos and/or videos of participants during classes and special programs, as well as other activities both scheduled and unscheduled. These photos may be used for publicity purposes in the District's printed materials, on the District's website, and on our social media platforms.

Please make sure a CRPD staff person is on-site before leaving your child at a scheduled activity.

