

YOUTH SPORTS LEAGUES

The main goal of the Youth Sports Program is to provide a positive recreational experience for each participant. By communicating the recreational philosophies that underlie sports competition and teaching basic skills, we try to provide a healthy, enjoyable experience for everyone.

Volunteer Head Coaches are allowed to register their child at no charge. Head coach positions are filled on a "first come, first served basis" and are limited to one per team. To volunteer, please call (310) 781-7515.

Coaches, please come in prior to registration dates so you may register your child before teams are full. All volunteers must be fingerprinted.

To sign-up for Youth Sports Leagues, please mail the form below with your payment. Torrance residents must also provide proof of residency. Please mail the completed form with your check (one check & one form per child) to: City of Torrance, Registration Office, 3031 Torrance Blvd., Torrance, CA 90503.

Sports Leagues & Seasons: (Current fees are listed on our web page)

Basketball – Winter; January – March

Volleyball & Dodge Ball – Spring; April – June

Flag Football – Fall; October - December

Parent Permission Slip

YOUTH SPORTS _____

(Indicate name of Sport – Basketball, Dodgeball, Football, Kickball, Softball, Volleyball,)

Boys _____

Girls _____

YOUTH VOLLEYBALL ONLY
4th GRADERS ONLY-CHECK ONE
 Clinic Junior

To sign up for Youth Sports Leagues please mail this form with your payment.

_____ has my permission to participate in the City of Torrance Community

Services Department Youth Sports program. I affirm that he/she is in the _____ grade, and that his/her birthday is

_____ and that he/she attends _____ school.

I hereby release and discharge the City of Torrance, the Torrance Community Services Department, and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of his/her participation in said activity.

Parent's Name (please print) _____

Signature of Parent or Guardian _____ Date _____

Address _____

City _____ Zip _____

Evening Phone (_____) _____ Day Phone (_____) _____