

Volunteer
Coaches
Needed!



TORRANCE COED

2024 FLAG FOOTBALL

\$79.00 Resident

\$89.00 Non-Resident

Includes

Uniform Shirt

- Teams will be formed by grade and school.
- Leagues are tentatively scheduled to begin on Saturday, September 28, 2024.
- Games will be primarily played on Saturdays. (6-8 grades may play weeknights).
- There will be no full refunds given and only partial refunds of 80% prior to September 13, 2024.

Resident registration begins June 18, 2024. Non-resident registration begins June 25, 2024 and ends September 13, 2024 at 5:00 p.m.

**Registration is
limited!**

Mail-In Registration: Complete the Permission Slip on backside. Please send a separate form and check for each child, along with proof of your Torrance residency. Forms must be received by September 13, 2024 at 5:00 p.m.

Walk-In/ Fax-In Registration: Complete the Permission Slip on backside along with your credit card information and fax to (310) 781-7598 or bring to 3031 Torrance Blvd.

Online Registration: Can be done at www.TorranceCA.Gov/ClassRegistration





2024 COED FLAG FOOTBALL

Volunteer Head Coach positions are limited to one per team. If you wish to volunteer, you must complete a Volunteer Coach's Application online at www.TorranceCA.Gov/VolunteerProgram. City policy requires volunteers to be fingerprinted annually. Volunteer coaches will receive a credit of the activity fee upon return of the equipment at the end of the season. If your team does not have a volunteer coach, they will be a game-only team with no practices during the season.

Permission Slip Shirt Size: YS YM YL AS AM AL AXL AXXL

_____ has my permission to participate in the City of Torrance Community Services Department's Youth Flag Football 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 / Guardian Name (please print) _____

Signature of Parent / Guardian _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____ Email _____

A non-refundable surcharge will be added to all credit and debit card transactions.

I hereby authorize the use of my: MasterCard Visa Discover American Express

Name as it appears on the card: (please print) _____



Credit Card #: _____ Expiration Date: Month _____ Year _____

Signature: _____ CVV _____

Please make checks payable to the "City of Torrance." DO NOT SEND CASH

If registering through mail, send to:

**ATTN: Registration
City of Torrance
Community Services Department • 3031 Torrance Blvd. • Torrance, CA 90503**

For Official Use Only:

Receipt# _____

Date _____