



# WINTER 2025 BASKETBALL

Boys and Girls grades K-8

## REGISTRATION

Registration begins October 8, 2024 for Torrance residents and October 15, 2024 for non-residents.

**DON'T MISS OUT!!! FINAL DAY TO REGISTER IS FRIDAY, DECEMBER 6, 2024 at 5 p.m.**

For more information call (310) 618-2720. Registration can be completed online, fax (310) 784-7598, or at the Registration Office, 3031 Torrance Blvd.

Last day to withdraw is January 9, 2025. There will be no full refunds given and only partial refunds of 80%.



This league is designed for all levels of play. Teams are put together by the child's grade and school they attend. This league is for Kindergarten through the Eighth grade. If needed, teams may be combined with neighboring schools to form a complete roster. All teams are coached by volunteers.

**\$99 PER  
PARTICIPANT**

**League play  
tentatively begins  
Saturday,  
January 18, 2025**

For more information on our league please go to [www.TorranceCA.Gov/YouthBasketball](http://www.TorranceCA.Gov/YouthBasketball)  
or call our Sports Office at (310) 781-7515.



# YOUTH 2025 BASKETBALL

## Volunteer Head Coach

are limited to one per team. If you wish to volunteer, you must complete a Volunteer Coach's application online at [www.volgistics.com/appform/109843487](http://www.volgistics.com/appform/109843487). 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

Jersey size: YS YM YL AS AM AL AXL AXXL

\_\_\_\_\_ has my permission to participate in the City of Torrance Community Services Department's Youth Basketball 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 injury or damage which may be sustained on account of his/her participation in said activity.

Parent or Guardian Name *(Please print)* \_\_\_\_\_

Signature of Parent or 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 \_\_\_\_\_

*"Creating and Enriching Community through People, Programs and Partnerships"*