

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%.

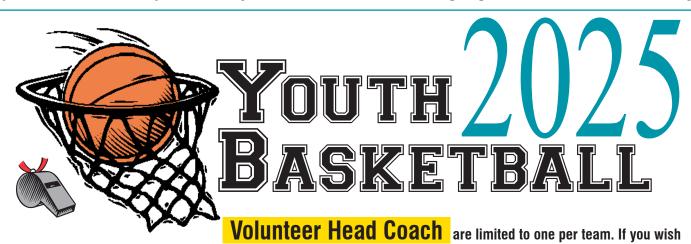


This league is designed for all levels of play. Teams are put together by the child's grade and school they attend. This league is for Kindergarten through the Eighth grade. If needed, teams may be combined with neighboring schools to form a complete roster. All teams are coached by volunteers.

\$99 PER PARTICIPANT

League play tentatively begins Saturday, January 18, 2025

For more information on our league please go to <u>www.TorranceCA.Gov/YouthBasketball</u> or call our Sports Office at (310) 781-7515.



to volunteer, you must complete a Volunteer Coach's application online at 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	ΥI	AS	ΔM	ΔI	ΔΧΙ	ΑΧΧΙ		
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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 Nam										
Signature of Parent or G	uardian									
Address			City					Zip		
Home Phone ()		Cell Phone (City Email _				mail			
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	Expiration date: MonthYear					For Official Use Only:			
Signature:		CVV								
Please make checks payable to the "City of Torrance." DO NOT SEND CASH										
If registering through ma ATTN: Registration City of Torrance Community Ser 3031 Torrance	ıt	TORRANCE California					Receipt #			
Torrance, CA 9							Date			

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

