YOUTH CO-ED VOLLEYBALL 2015

$69.00
per PARTICIPANT

Proof of Torrance residency will be required.

There will be NO refunds given. Only partial refunds of 80% or a 100% credit will be available prior to April 16, 2015.

REGISTRATION BEGINS:

MARCH 3 – RESIDENT

MARCH 10 – NON-RESIDENT

ALL REGISTRATION MUST BE RECEIVED BY MARCH 19, 2015

City of Torrance, Community Services Department
3031 Torrance Blvd., Torrance, CA 90503

Volleyball League *and* **Clinic** *are tentatively scheduled to begin April 18, 2015 and is an 8 week program. All games will be played on Saturdays in the Dee Hardison Sports Center at Wilson Park, 2200 Crenshaw Boulevard.*

LEAGUE DIVISIONS

CLINIC	JUNIOR	SENIOR
2nd, 3rd and 4th* Grades	4th* and 5th Grades	6th, 7th and 8th Grades

**Fourth graders may sign up for both the clinic and the Junior League for $138.00.*

VOLUNTEER HEAD COACH positions are filled on a "first come, first served" basis and are limited to one per team. If you wish to volunteer, you must complete a Volunteer Coach's Application online at http://www.TorranceCA.Gov/VolunteerProgram.htm. You will then need to go to Human Resources, 3231 Torrance Blvd., and pick up a Volunteer Fingerprint Request Form that must be completed prior to the start of the season. City policy requires volunteers to be fingerprinted annually. Volunteer coaches will receive a refund of the activity fee upon return of their equipment at the end of the season.

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Mail-in Registration:

Complete the Parent Permission Slip below. Please send a separate form and a separate check for each child, along with proof of your Torrance Residency.

Walk-In & Fax-In Registration:

Complete the Parent Permission Slip below along with your credit card information and fax to 310/781-7598 or bring to 3031 Torrance Blvd.

Online Registration:

Can be done at http://www.TorranceCA.Gov/9087.htm.

PARENT PERMISSION SLIP

❑ **Clinic** (2nd–4th grades) ❑ **Junior League** (4th–5th grades) ❑ **Senior League** (6th–8th grades)

_____ has my permission to participate in the City of Torrance Community Services Department's 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 my 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** _____

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

IT'S EASY! NOW YOU CAN USE YOUR CREDIT CARD!

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

Print Name As It Appears On Card: *(please print)* _____

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

Signature: _____ ➤ **Credit Card Requests Must Have a Signature**

A BALANCED CITY • INDUSTRIAL • RESIDENTIAL • COMMERCIAL • TORRANCE

Please include a stamped, self-addressed envelope to receive your receipt.

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