

Volunteer  
Coaches  
Needed!

# TORRANCE COED

## 2025 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 27, 2025.
- 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 12, 2025.

- Resident registration begins June 17, 2025.
- Non-resident registration begins June 24, 2025
- Registration ends September 12, 2025 at 5 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 12, 2025 at 5 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 [Torrance.Rec.us](http://Torrance.Rec.us)





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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](http://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.

Registration Form 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 \_\_\_\_\_