

CITY OF TORRANCE COMMUNITY SERVICES DEPARTMENT  
RECREATION SERVICES DIVISION (310) 618-2930  
WWW.RECREATION.TORRANCECA.GOV

# YOUTH CO-ED SPRING VOLLEYBALL PROGRAM

## \$89 PER PARTICIPANT

INCLUDES A UNIFORM SHIRT

**REGISTRATION:**  
TORRANCE RESIDENTS: MARCH 3  
NON-RESIDENTS: MARCH 10  
LAST DAY TO REGISTER: MARCH 27

**REGISTER ONLINE AT  
TORRANCE.REC.US  
CALL (310) 618-2930  
FOR INFORMATION.**

THE PROGRAM IS TENTATIVELY SCHEDULED  
TO BEGIN APRIL 11, 2026  
AND WILL TAKE PLACE INDOORS AT THE  
DEE HARDISON SPORTS CENTER AT WILSON PARK.



## DIVISIONS

**CLINIC  
GRADES 2, 3 AND 4  
9-10:30 A.M.**

**JUNIOR  
GRADES 4 AND 5**

**SENIOR  
GRADES 6, 7 AND 8**

**NO FULL REFUNDS WILL BE GIVEN. PARTIAL  
REFUNDS OF 80% OR 100% CREDIT ON ACCOUNT  
WILL BE AVAILABLE IF REQUESTED BY APRIL 10.**

**VOLUNTEER HEAD COACHES NEEDED  
FOR THE JUNIOR AND SENIOR DIVISIONS.  
CALL US AT (310) 781-7515 OR VISIT  
TORRANCECA.GOV/YOUTHSPORTS**



## VOLUNTEER HEAD COACHES

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 [torranceca.gov/youthsports](http://torranceca.gov/youthsports). 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 by the deadline. Credits are valid for one year.

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## REGISTRATION INFORMATION

MY CHILD'S NAME IS \_\_\_\_\_  
AND HAS MY PERMISSION TO PARTICIPATE IN THE CITY OF TORRANCE COMMUNITY SERVICES DEPARTMENT'S YOUTH SPORTS VOLLEYBALL PROGRAM.

I AFFIRM THAT THEY ARE IN 2 / 3 / 4 / 5 / 6 / 7 / 8 GRADE,

THAT THEIR BIRTHDAY IS \_\_\_\_\_ AND

THEY ATTEND \_\_\_\_\_ SCHOOL.

PLEASE SELECT THE SHIRT SIZE: YS YM YL AS AM AL AXL AXXL

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/GUARDIAN NAME (PLEASE PRINT) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

EMAIL \_\_\_\_\_

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## PAYMENT INFORMATION

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 \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CVV \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO THE "CITY OF TORRANCE." DO NOT SEND CASH.

IF REGISTERING THROUGH MAIL, SEND TO:

CITY OF TORRANCE COMMUNITY SERVICES DEPARTMENT ATTN: REGISTRATION  
3031 TORRANCE BLVD.  
TORRANCE, CA 90503