



TORRANCE

2018 FLAG FOOTBALL

\$69.00 Resident

\$79.00 Non-Resident

Includes

Shirt and Award

- **Teams will be formed by grade and school.**
- **Leagues are tentatively scheduled to begin on Saturday, September 29, 2018.**
- **Games will be primarily played on Saturdays.**
(7th and 8th grade may play weeknights).
- **There will be no full refunds given and only partial refunds of 80% prior to September 27, 2018.**

Resident registration begins June 5, 2018. Non resident registration begins June 12, 2018 and ends August 30, 2018 @ 5:00 p.m.

Torrance residents must provide proof of Torrance residency.

Mail-In Registration: Complete the Parent Permission Slip on backside. Please send a separate form and a separate check for each child, along with proof of your Torrance Residency and a self-addressed, stamped envelope. Forms must be received by August 30, 2018 @ 5:00 p.m.

Walk-In/ Fax-In Registration: Complete the Parent 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 www.TorranceCA.Gov/ClassRegistration



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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.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.

Parent Permission Slip

Shirt Size: YM YL AS AM AL AXL

_____ 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. He/she will play in Division _____. 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's Name (Please Print) _____

Signature of Parent or Guardian _____

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

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

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

For Official Use Only:

Receipt # _____

Date _____