



# TORRANCE HIGH SCHOOL SUMMER ATHLETICS

Summer Athletics is a summer enrichment program that consists of extra-curricular camps, classes, games and practices for new and returning THS students. All instruction is led by TUSD district personnel.

No grades or credit assigned.

## COST

First Sport - \$175.00

Each Additional  
Sport - \$125.00

## Who

Any incoming  
or returning  
THS Student

## When

June 17-July 12

Monday - Thursday  
(unless otherwise noted)

**NO PRACTICE**  
Wed. 6/19, Thur. 7/4

## Ready to sign up?

Visit the THS Business Office to turn in your form and make payments.

Credit card, cash, or check (made payable to TUSD) is accepted.

For financial assistance please contact: [tachibana.george@tusd.org](mailto:tachibana.george@tusd.org)

**Application form and contribution  
required prior to participation**

**No refunds after the first practice**

**Deadline to enroll is:  
June 7th, 2024**



# TORRANCE HIGH SCHOOL SUMMER ATHLETICS

## Summer 2024 Schedule

Sport	Level	Coach	Days	Time	Location
Baseball	All Levels	Coach Ybarra	M-TH	3:00pm-5:00pm	Kendall Field
Boys Basketball	New	Coach Vaughan	M-TH	8:00 am-10:00am	THS Main Gym
Boys Basketball	Returning	Coach Vaughan	M-TH	4:30pm-6:30pm	THS Main Gym
			<b>MWF</b>	3:00pm-5:00pm	THS Weight Room
Girls Basketball	New	Coach Varnell	M-TH	4:30pm-6:30pm	THS Main Gym
Girls Basketball	Varsity & JV	Coach Varnell	M-TH	6:30pm-8:30pm	THS Main Gym
Cross Country	All Levels	Coach Pose	<b>M-F</b>	9:00am-11:00am	THS Upper Field
Dance - <b>6/17-7/1 ONLY</b>	All Levels	Coach Jasperse	<b>M-F</b>	1:00pm-4:00pm	THS Small Gym & Dance Room
Drill Team - <b>Tryouts Required</b>	2024-25 Team	Coach Tlascuapan	M-TH	5:00pm-8:00pm	THS Dance Room
Football	All Levels	Coach Carter	<b>M-F</b>	4:30pm-6:30pm	Zamperini Stadium
Football	Varsity	Coach Carter	<b>M-F</b>	4:30pm-6:30pm	Zamperini Stadium
			<b>MWF</b>	1:30pm-3:00pm	THS Weight Room
Football	Frosh/Soph	Coach Carter	<b>M-F</b>	4:30pm-6:30pm	Zamperini Stadium
			<b>TTH</b>	1:30pm-3:00pm	THS Weight Room
Girls Flag Football	All Levels	Coach Irvine	<b>M-TH</b>	11:00am-1:00pm	Zamperini Stadium
Golf - Coed	All Levels	Coach Kushi	<b>M-TH</b>	1:00pm-3:00pm	Links of Victoria GC / various
Pep Squad - <b>Tryouts Required</b>	2024-25 Team	Coach Gutierrez	<b>TWTH</b>	8:00am-11:00am	THS Dance Room
Softball	New & Returning	Coach Glavich	<b>TWTH</b>	7:30am-10:30am	Don Lee Field
Boys Soccer	New	Coach Burnett	M-TH	2:00pm-3:30pm	Zamperini Stadium
Boys Soccer	Returning	Coach Burnett	M-TH	2:30pm-4:00pm	Zamperini Stadium
Girls Soccer	All Levels	TBA	<b>M-Th</b>	8:00am-10:00am	Zamperini Stadium
Swimming	All Levels	Coach Williams	M-TH	9:00am-11:00am	GM Aquatics Center
Boys Tennis - <b>6/17-7/9 ONLY</b>	All Levels	Coach Leong	<b>M-F</b>	8:00am-10:00am	THS Tennis Courts
Girls Tennis - <b>6/17-7/9 ONLY</b>	All Levels	Coach Leong	<b>M-F</b>	9:30am-11:30am	THS Tennis Courts
Track & Field - Coed	All Levels	Coach Irvine	<b>TTH</b>	10:00am-1:00pm	THS Weight Room
			<b>W</b>	10:00am-12:00pm	Zamperini Stadium
Boys Volleyball	All Levels	Coach Jones	M-TH	2:00pm-4:00pm	THS Main Gym
Girls Volleyball	Intro /JV	Coach Squire	M-TH	12:00pm-2:00pm	THS Main Gym
Girls Volleyball	Varsity	Coach Squire	<b>M-F</b>	9:00am-10:00pm	THS Small Gym
				10:00am-12:00pm	THS Main Gym
Girls Volleyball	** Please see website for exact schedule ( <a href="http://www.torrancevolleyball.com">www.torrancevolleyball.com</a> )				
Waterpolo	All Levels	Coach Williams	M-TH	7:00am-9:00am	GM Aquatics Center
Wrestling	All Levels	Coach G. O'Hara	<b>TWTH</b>	9:00am-11:00am	THS Wrestling Room

**THREE TIME  
PIONEER LEAGUE CHAMPIONS**



# TORRANCE HIGH SCHOOL GIRLS VOLLEYBALL

## INTRO TO VOLLEYBALL SUMMER PROGRAM 2024

WELCOME INCOMING STUDENTS AND PARENTS TO TARTAR GIRLS VOLLEYBALL!  
WE HOPE THAT THIS WILL BE A FUN AND POSITIVE STEP OF A VERY ENRICHING  
EXPERIENCE AS A SCHOLAR-ATHLETE AT TORRANCE HIGH SCHOOL.

### THE DETAILS:

**DATE:  
MON THROUGH THURS  
JUNE 17 - JULY 11, 2024**

**TIME: 12:00PM - 2:00PM**

**PLEASE NOTE:  
A FULL DETAILED DAILY CALENDAR  
AVAILABLE ON THE TEAM WEBSITE  
[WWW.TORRANCEVOLLEYBALL.COM](http://WWW.TORRANCEVOLLEYBALL.COM)**

**LOCATION: THS MAIN GYM**

**TRYOUTS ARE THE  
LAST DAY OF CLASS.  
JULY 11 -- 10:30-1:00**

**TEAMS WILL BE POSTED ON THE  
WEBSITE BY 4:00PM**

\*\* Players of advanced skill level will be moved to the  
appropriate level and practice time.

### IF YOU MAKE THE TEAM:

- **MANDATORY PARENT & PLAYER MEETING THURS JULY 11TH @ 6:30**
- **ATHLETIC CLEARANCE PACKET IS DUE BY FRI JULY 12TH**
- **PLAYER FUNDRAISING MEETING FRI JULY 12TH @ 10:00AM**

### NEED MORE INFO:

CONTACT COACH RICHELL SQUIRE    PHONE: 503.887.0316  
EMAIL: [TORRANCEGIRLSVOLLEYBALL@GMAIL.COM](mailto:TORRANCEGIRLSVOLLEYBALL@GMAIL.COM)

... OR VISIT OUR TEAM WEBSITE AT

**[WWW.TORRANCEVOLLEYBALL.COM](http://WWW.TORRANCEVOLLEYBALL.COM)**

## 2021 CIF CHAMPIONS



### WHAT TO BRING TO PRACTICE:

Players should come dressed and ready to play,  
as follows:

- 1) Athletic Tee and Spandex or Athletic Shorts.
- 2) Volleyball or Athletic Shoes. NO CONVERSE OR VANS.
- 3) ABSOLUTELY NO JEWELRY.

This includes earrings, necklaces, rings, etc.

# JUNE 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

# JULY 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3



**2024 SUMMER ATHLETIC / ENRICHMENT PROGRAM  
TORRANCE HIGH SCHOOL****AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY FORM**

1. I certify that all information given on this application is accurate. If applicable, I have read and agreed to abide by the California Interscholastic Federation (CIF) Student Athlete's Code of Ethics as well as the policies and procedures established by the Torrance Unified School District.
2. I understand that sports and athletics entail unknown and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. As a participant to this summer camp(s), I acknowledge that the risks may involve but are not limited to: being struck by another participant or ball, or all that may result in contusions, sprains, fractures, broken bones or concussions.
3. Under state law, a student must have medical and hospital insurance before participating in athletics. If the parent or guardian has sufficient coverage on their own they may state this and agree to provide proof of medical insurance with this authorization form. If a student does not have insurance coverage, policies are available that provide accident protection. Torrance Unified School District provides liability only for any negligence on its part, which occurs during authorized practice sessions, i.e., when an authorized athletics coach is present and supervising the activity.
4. I hereby give my consent for the below-named student to attend the Summer Camp(s) and enroll in the camp(s) for which a selection has been made. I agree to ensure that the above-named student has access to a parent or guardian (i.e. home, work or cell phone) in case of emergency, class cancellation, campus evacuation, or any other non-planned event. I agree to provide the Torrance Unified School District with valid contact information for the purpose set forth in this paragraph.
5. I understand and accept full academic and financial responsibility for selection(s) made on this application. The camp(s) are not a prerequisite for the above-named student participating in any activity offered during the regular school year. I understand that participation in any camp(s) is not a pre-tryout or try out for any Torrance Unified School Districts sports team. I understand that participation in any camp(s) does not constitute a guarantee of enrollment at Torrance Unified School Districts for permit-seeking/out of district students. There will be no grade or credit issued for participating in the camp(s).
6. I acknowledge that emergency medical information regarding the student is on file with the District and is current. If an injury or medical emergency occurs during the above-described camp(s), a supervising teacher, sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. I agree to release and discharge the District/released parties, from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.
7. In consideration for the District allowing the above-named student to participate in the above-described camp(s), I voluntarily agree to release, waive, discharge, and hold harmless the District, its trustees, board members, officers, schools, employees, assigns, volunteers, administrators, directors, and agents (hereinafter referred to as "released parties") from any and all claims of liability arising out of their negligence, or any other act or omission which causes the above-named student any and all losses, claims, costs, illness, injury, death, or damages of any nature in any way connected with the student's participation in above-described camp(s).
8. I understand, acknowledge and further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
9. I am the parent or guardian of the student named above, or am the student named above and am 18 years of age or older. I acknowledge that I have read this authorization and release and understand that participation in the above-described camp(s) requires giving up substantial actual or potential rights. I have voluntarily signed this authorization and release without inducement or assurance beyond what is stated herein, and with full appreciation of the risks inherent in the above-described camp(s).

10. WITHOUT AFFECTING THE GENERALITY OF THE RELEASES, WAIVERS AND DISCHARGES SET FORTH ABOVE, THE UNDERSIGNED SPECIFICALLY RELEASES, WAIVES, AND DISCHARGES released parties, on behalf of Parent, Student, Parent's and Student's personal representatives, assigns, heirs, and next of kin, from any loss or damage, and any cost, claim, cause of action, or demand arising from or related to the Camp(s) on the account of: unsafe materials; tools; transportation; equipment; premises liability; inadequate or negligent supervision; negligence or intentional misconduct of third parties including but not limited to assault, battery or any other offense or injury to the person of Student.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Student ID # \_\_\_\_\_ Address \_\_\_\_\_  
Number & Street Name City Zip Code

School Last Attended: \_\_\_\_\_ School Attending Fall 2024: Torrance HS

Parent/Guardian Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

Emergency Contact, aside from Parent/Guardian: \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # / ID # \_\_\_\_\_

<p><b>Please Identify Summer Program(s) You Wish to Enroll In:</b></p>	<p><b><u>OFFICE USE ONLY</u></b></p>
<p><b>Class:</b> _____ <b>Coach:</b> _____ <b>Time:</b> _____</p>	<p><b>Total Classes Enrolled:</b> _____</p>
<p><b>Class:</b> _____ <b>Coach:</b> _____ <b>Time:</b> _____</p>	<p><b>Fees Pd:</b> _____</p>
<p><b>Class:</b> _____ <b>Coach:</b> _____ <b>Time:</b> _____</p>	<p><b>Receipt #</b> _____</p>
<p><b>1<sup>st</sup> Program selected = \$175.00    Each additional Program selected = \$125.00</b></p>	<p><b>Initials of Approval:</b> _____</p>

**For *Financial Assistance*, please contact George Tachibana via email at [tachibana.george@tusd.org](mailto:tachibana.george@tusd.org)**

**By signing below, I confirm that I have read and fully understand the contents of this release of liability.**

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_