



# **8th Grade Athletics & Enrichment Night**

# **AGENDA**

## **6:00pm – General Meeting**

**Introduction - Assistant Principal, Jim Hall**

**ASB Information - Activities Director, Nathan Jones**

**Athletics Overview – Athletic Director, George Tachibana**

## **Athletics Agenda**

- **Sports Available/Seasons/ Tryouts**
- **Eligibility**
- **Sports Clearances / Physicals**
- **Summer Athletics / Applications**
- **Breakout sessions**

# Athletic Department Overview

Torrance High School offers 29 varsity sports that are integrated into the academic day during 6<sup>th</sup> period. The following is a list of sports offered:

<u>Fall- Sept-Nov</u>	<u>Winter- Nov-Feb</u>	<u>Spring- Feb - May</u>
Football- 3 levels	Boys Basketball- 3 levels	Baseball- 3 levels
Girls Volleyball- 3 levels	Girls Basketball- 2 levels	Softball- 2 levels
Cross Country (B/G) – 2 lvl	Boys Soccer- 3 levels	Boys Volleyball- 3 levels
Girls Golf- 2 levels	Girls Soccer- 2 levels	Boys Tennis- 2 levels
Girls Tennis- 2 levels	Wrestling (B/G)- 3 levels	Boys Golf- 2 levels
Boys Water polo- 2 levels	Girls Water polo- 2 levels	Track (B/G) - 2 levels
Cheer/Drill - ALL year	Surf – 2 levels	Swim (B/G)- 2 levels
Girls Flag Football - 2 levels		Beach Volleyball- 3 levels

<b>Athletic Tryouts</b>	<b>See Athletics website for details</b>
<b>Fall Sports</b>	<b>Late August (after summer classes)</b>
<b>Winter Sports</b>	<b>September / October</b>
<b>Spring Sports</b>	<b>December / January</b>
<b>Drill / Cheer</b>	<b>April of the previous year</b>

## **Summer Athletics:**

The program runs from June 17th - July 12th (some exceptions) and costs \$175 for the first class and \$125 for each additional class.

Class times and sites vary. **No class on 6/19 and 7/4**

We encourage all athletes to sign up for the program, however participation is **not mandatory** to make the team. Students can enroll in up to three classes.  
**No Grades are issued.**

**Summer Application available in the Business Office.**

**Payment can be made two ways.**

- 1. In person (Preferred Method)** - via Cash, Check or Credit Card  
Directly at the THS Business (Office Hours 8:00 am-3:45 pm, Mon-Fri)  
Checks made payable to: TUSD (not Torrance HS)
- 2. Over the phone** - via Credit Card ONLY  
Call the THS Business Office (310)533-4396 x7982



**2024 SUMMER ATHLETIC / ENRICHMENT PROGRAM  
TORRANCE HIGH SCHOOL**

GRADE Entering  
In Fall 2024

**AUTHORIZATION TO PARTICIPATE AND RELEASE OF LIABILITY FORM**

- 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.
- 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.
- 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.
- 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.
- 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).
- 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.
- 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).
- 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.
- 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 # \_\_\_\_\_

**Please Identify Summer Program(s) You Wish to Enroll In:**

Class: \_\_\_\_\_ Coach: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Coach: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Coach: \_\_\_\_\_ Time: \_\_\_\_\_

1<sup>st</sup> Program selected = \$175.00 Each additional Program selected = \$125.00

OFFICE USE ONLY

Total Classes Enrolled: \_\_\_\_\_

Fees Pd: \_\_\_\_\_

Receipt # \_\_\_\_\_

Initial of Approval: \_\_\_\_\_

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: \_\_\_\_\_



# 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
			MWF	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	M-F	9:00am-11:00am	THS Upper Field
Dance - 6/17-7/1 ONLY	All Levels	Coach Jasperse	M-F	1:00pm-4:00pm	THS Small Gym & Dance Room
Drill Team - Tryouts Required	2024-25 Team	Coach Tlascuapan	M-TH	5:00pm-8:00pm	THS Dance Room
Football	All Levels	Coach Carter	M-F	4:30pm-6:30pm	Zamperini Stadium
			M-F	4:30pm-6:30pm	Zamperini Stadium
Football	Varsity	Coach Carter	MWF	1:30pm-3:00pm	THS Weight Room
			M-F	4:30pm-6:30pm	Zamperini Stadium
Football	Fresh/Soph	Coach Carter	TTH	1:30pm-3:00pm	THS Weight Room
			M-TH	11:00am-1:00pm	Zamperini Stadium
Girls Flag Football	All Levels	Coach Irvine	M-TH	11:00am-1:00pm	Zamperini Stadium
Golf - Coed	All Levels	Coach Kushi	M-TH	1:00pm-3:00pm	Links of Victoria GC / various
Pep Squad - Tryouts Required	2024-25 Team	Coach Gutierrez	TWTH	8:00am-11:00am	THS Dance Room
Softball	New & Returning	Coach Glavich	TWTH	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	M-Th	8:00am-10:00am	Zamperini Stadium
Swimming	All Levels	Coach Williams	M-TH	9:00am-11:00am	GM Aquatics Center
Boys Tennis - 6/17-7/9 ONLY	All Levels	Coach Leong	M-F	8:00am-10:00am	THS Tennis Courts
Girls Tennis - 6/17-7/9 ONLY	All Levels	Coach Leong	M-F	9:30am-11:30am	THS Tennis Courts
Track & Field - Coed	All Levels	Coach Irvine	TTH	10:00am-1:00pm	THS Weight Room
			W	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
			M-F	9:00am-10:00pm	THS Small Gym
Girls Volleyball	Varsity	Coach Squire	M-F	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	TWTH	9:00am-11:00am	THS Wrestling Room



# 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**

[www.ths.tusd.org](http://www.ths.tusd.org)



## Exer Sports & Schools

Exer Urgent Care is proud to support your school with complimentary sports screenings for student athletes!

### Book Your Complimentary Sports Screening

- 1 Scan the QR code or visit [ExerUrgentCare.com/exer-sports-schools](https://ExerUrgentCare.com/exer-sports-schools)
- 2 Select a clinic from the map or list provided.
- 3 Click **Book sports screening**.
- 4 On the new page that appears, under "Select a reason," select **Exer Sports & Schools Program**.
- 5 In the calendar that appears, select a date and time for your appointment. Appointments are first come, first served, from **June 1 - August 31, 2024**. If you don't see a time that works, go back to step 1 and select a different clinic.
- 6 Fill out the remaining questions. When asked, "Did your school send you for a complimentary sports screening?" select **Yes**.
- 7 Select the school your athlete is affiliated with.
- 8 Click **Confirm me**. You will receive a text confirmation to the phone number you provided.



Scan to book now!

### Registration Tips

You will receive a link to register via text once you've booked your appointment. Please register before arrival:

- ✘ When asked how you would like to pay for your visit, select **Self-Pay**. You will not be charged.
- ✘ When asked for the financially responsible party, select **Self**.
- ✘ Complete all required fields marked with an asterisk\*

Visit [ExerUrgentCare.com/exer-sports-schools](https://ExerUrgentCare.com/exer-sports-schools) to learn more.



\*Program dates and appointment availability are subject to change

## TORRANCE HIGH SCHOOL PHYSICAL SCREENING FORM

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SPORT: \_\_\_\_\_ SCHOOL: **TORRANCE HIGH** DATE: \_\_\_\_\_

**PRINT:** Last Name First Name M.I. Grade Age Date of Birth

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### HEALTH HISTORY (To be completed by student or parent):

Check and give as much information as possible **Y = yes, N = no**

Heart Trouble     High Blood Pressure     Asthma     Diabetes  
 Kidney Problems     Head Trauma     Seizures     Other (List below)

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem) \_\_\_\_\_

Current medications \_\_\_\_\_ Allergies \_\_\_\_\_ Last Tetanus Immunization \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

### PHYSICAL EXAMINATION (To be completed by physician):

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Temp: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

Visual Acuity: O.D. \_\_\_\_\_ / \_\_\_\_\_ O.S. \_\_\_\_\_ / \_\_\_\_\_ ( ) Corrected ( ) Uncorrected L.M.P. \_\_\_\_\_

( ) Chest Pain ( ) Extreme S.O.B. ( ) Dizziness ( ) Fatigue ( ) Palpitations ( ) Sudden Death of Family Member

		10. MUSCULOSKELETAL, ROM, STRENGTH	
		NORMAL	
1. EYES		NECK	
2. EARS, NOSE, THROAT		SPINE	
3. MOUTH AND TEETH		SHOULDERS	
4. NECK		ARMS/HANDS	
5. CARDIOVASCULAR		HIPS	
6. CHEST AND LUNGS		THIGHS	
7. ABDOMEN		KNEES	
8. SKIN		ANKLES	
9. GENITALIA-HERNIA(MALE)		FEET	
		11. NEUROMUSCULAR	

**ABNORMAL FINDING:** \_\_\_\_\_

**RECOMMEND:** ( ) Full Activity, No Restrictions    Recommend: ( ) Vision Evaluation ( ) Tetanus Booster  
 ( ) Accept, Restrictions: ( ) No contact sports ( ) Other: \_\_\_\_\_  
 ( ) Not Participate

**EXAMINING PHYSICIAN:** \_\_\_\_\_ License#: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ **Doctor's Stamp here!**

Phone #: \_\_\_\_\_

\* \* \* \* \* **THIS FORM MUST BE SIGNED** \* \* \* \* \*



# Break Out Session Locations 6:30 – 7:20pm

I. 6:30 – 6:50pm

II. 7:00 – 7:20pm

## ASB Room

Boys' Volleyball (N. Jones)

## Auditorium

Football (R. Carter)

## Main Gym

Aquatics B/G Swim/Water Polo (L. Williams)

Cross Country B/G (I. Pose)

Soccer Girls' (D. Hamilton)

## Small Gym

Girls' Basketball (B. Varnell)

Track B/G (K. Irvine)

Flag FB (K. Irvine)

## Classrooms

A 102 Girls' Volleyball (R. Squire)

A 104 Golf (D. Kushi)

A 132 Boys' Basketball (A. Vaughan)

A209 Surf (O. Turner)

A 221 Soccer Boys' (R. Burnett)

A 230 Baseball (R. Ybarra)

B 213 Tennis B/G (J. Leong)

C 213 Softball (D. Glavich)

**Programs that will NOT be meeting tonight:  
Dance, Drill, Pep Squad, Wrestling**