



Torrance Unified School District

South High School – 2024 Summer Camps & Activities



Open to all returning and new enrolling students. Prior Participation in camps is not required, all students are welcome. Dates and times vary. See specific times and locations listed below. For more detailed information and for up to date schedules please visit the [South High Athletics page](#).

Contribution per Student/Athlete is **\$175.00 for the 1st camp** and **\$125.00** for each additional camp selected. Cash or check accepted. Make checks payable to TUSD. *For financial waivers or assistance, please contact: vanwaardenburg.kevin@tusd.org*

All interested students need to complete the enrollment application and return to the SHS Athletic/business office (F-1) before beginning the camp. Please see the school site for office hours for form submissions. Form and contributions must be submitted prior to participation. TUSD will not exclude any student due to inability to provide financial contribution.

Camp	Instructor	Dates	Times	Location
Academic Decathlon**	Jenna Akin	TBA	TBA - See Ms. Akin for details	V-22
Band	Caitlin Brock	6/17 thru 7/12	Tues/Wed/Thurs: 6:00pm - 9:00pm	R1, Cafe, Stadium
Baseball	Grady Sain	6/17 thru 7/12	New Players: 12:00pm-1:30pm (M-Th) Returners: 2:00pm - 4:00pm (M-Th)	Baseball Fields
Boys Basketball	Ron Omoto	6/17 thru 7/12	New Players: 3:00pm - 5:00pm (M-Th) Returners: 1:00pm - 3:00pm (M-Th)	Gym/Pavilion
Girls Basketball	Bobby Imamura	6/17 thru 7/12	New Players: 5:30pm - 7:30pm (M-Th) Returners: 7:00pm - 9:00pm (M-Th)	Gym/Pavilion
Cheer/Pep Squad	Amy Paris	6/17 thru 7/12	See Coach Paris for full schedule	Gym/Cafeteria
Cross Country (Coed)	Brian Tokuda & Rick Esponda	6/24 thru 7/11 7/29 thru 8/21	Mon/Tue @ Malaga Cove - 7am, Wed/Thurs* @ South - 7am (*Will begin running on Fridays @ South beginning 8/2).	
Dance (Advanced)**	Sacha Mendivil	TBA	See Mrs. Mendivil for full schedule	Dance Room
Drill Team**	Cassie Harris	TBA	See Ms. Harris for full schedule	Dance Room
Football	Matt Mishler	6/17 thru 7/12	Varsity: 2:00pm - 6:00pm (M-F) Frosh/Soph: 3:00pm - 6:00pm (M-F)	Stadium
Girls Flag Football	Kevin Mitchell	6/17 thru 7/12	All players: 10:00am - 12:00pm (T/Th)	Stadium/Grass
Boys Soccer	Chad Lagerwey	6/17 thru 7/12	Varsity/JV Returners: 11:00am - 1:00pm Varsity Games - Mon/Wed - 3:00pm New Players/FS: 1:30pm - 3:30pm (M-Th)	Stadium and Soccer Fields
Girls Soccer	Sean Lockhart	6/17 thru 7/12	Incoming Players: 1:30pm - 3:00pm (M-Th) Returners: 11:00am - 12:30pm (M-Th)	Stadium and Soccer Fields
Softball	Ajay Malik	6/18 thru 6/27 & August TBA	All: 10:00am - 12:00pm (Tues/Wed/Thurs)	Softball Field
Tennis (Boys/Girls)	Ken Hance	6/17 thru 7/12	All players: 1:30pm - 3:30pm (M-Th)	Tennis Courts
Boys Volleyball	Mike Longacre	6/17 thru 7/12	All players: 5:00pm - 7:00pm (M-Th)	Gym/Pavilion
Girls Volleyball	Robert Kutsch	6/17 thru 7/12	Returners: 8:00am - 10:00am JV/Incoming: 3:00pm - 5:00pm (M-F)	Gym/Pavilion
Water Polo (Boys/Girls)	Parris Ruth	6/17 thru 7/12	All Players: M-Th 4:30pm-7pm, Fri 5pm-7pm	GMAC
Wrestling (Boys/Girls)	Kenny Hetman	6/17 thru 7/12	Incoming 6:30pm - 8:00pm, Returners 5pm-7:30pm (T/Th)	Q-5

** - Academic Decathlon, Dance, Pep Squad, and Drill Team contact coach prior to signing up.



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Enrollment Application

Student Name: _____ Date of Birth: _____ Age: _____

Address: _____ Home Phone: _____
Number & Street Name City Zip Code

School Last Attended: _____ Grade in Fall 2024: _____ School in 2024: SOUTH HS

Parent/Guardian Name _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Email Address (Please print clearly): _____ Student ID Number: _____

If parent/guardian cannot be reached, contact Name: _____ Phone: _____

Insurance Company: _____ Policy # _____ Group # _____

Please Identify Summer Activity You Wish to Enroll:

Camp: _____ Coach: _____ Time: _____

Office Use Only
Total Camps Enrolled: _____

Camp: _____ Coach: _____ Time: _____

Amount: \$ _____

Camp: _____ Coach: _____ Time: _____

Receipt #: _____

Donation for 1st Camp selected = \$175.00 · Each additional Camp selected = \$125.00

Initials of Approval: _____

Last Day to Enroll or Apply for a Refund is June 28, 2024 - Must be enrolled to start camp.

For financial waivers or assistance, please contact: vanwaardenburg.kevin@tusd.org

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 agree 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 above-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.



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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-trial 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 administer 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.

By signing below, I confirm that I have read and fully understand its contents. **I am aware that this is a release of liability.**

Parent/Guardian Signature _____ Date: _____