



# PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

## Saturday Youth Volleyball 2016 Program Registration Form

Team Name \_\_\_\_\_ School/Organization \_\_\_\_\_

Head Coach \_\_\_\_\_ New Coach \_\_\_\_\_ Returning Coach \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Additional (1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Adult

Assistants (2) Name \_\_\_\_\_ Phone \_\_\_\_\_

<input checked="" type="checkbox"/> Please <input type="checkbox"/> Box:	<input type="checkbox"/> New Team	<input type="checkbox"/> Returning Team	<input type="checkbox"/> Grade Level 4 <sup>th</sup>	<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 6 <sup>th</sup>	<input type="checkbox"/> 7 <sup>th</sup>	<input type="checkbox"/> 8 <sup>th</sup>
<input type="checkbox"/> Gender	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls	<input type="checkbox"/> Coed	<input type="checkbox"/> High School Recreational League			

**Saturday September 17<sup>th</sup> is the date for the Team Placement & Player Skill Level Evaluation.**  
**Teams will be scheduled by their grade/skill level.**  
**Scheduling will be posted on Wednesday September 15<sup>th</sup> at [www.portlandparks.org](http://www.portlandparks.org)**

**Registrations will only be accepted if it includes this form,  
the signed CIS & Code of Conduct forms and the appropriate team registration fees.**

To Register By Mail- Mail Forms & Fees to: Portland Parks & Recreation Attn: Youth Volleyball 10850 N Denver Ave Portland, OR 97217	Saturday Youth Volleyball Team Fees - \$285 _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____ Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Credit Card # _____ Exp _____ Signature _____ Date _____
Make Checks Payable to: "City of Portland"	<u>Forms:</u> Coach – Name _____ CIS <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Asst Coach(s) Name _____ CIS <input type="checkbox"/> Name _____ CIS <input type="checkbox"/>
Staff use only:	Registration taken by _____ Date _____

