



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

Saturday Youth Volleyball 2017 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 _____

Team Fee: \$325

Please Box: **New Team** **Returning Team** **Grade Level** 4th 5th 6th 7th 8th

Gender Boys Girls Coed **High School Recreational League**

Saturday September 16th is the date for the Coaches Meeting, Team Placement & Player Skill Level Evaluation.

Teams will be scheduled by their grade/skill level.

Scheduling will be posted on Wednesday September 14th at www.portlandparks.org for the first week of league. The remainder of the season will be posted on Wednesday September 20th.

**Registrations will only be accepted if it includes this form,
The signed CIS & Code of Conduct forms and 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 - \$325 _____ 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 _____

