



**Saturday Youth Basketball 2018
Team Registration & Classification Form
Register from October 9th – November 27th, 2017**

Team Name _____ School Affiliation _____

Head Coach _____ New Coach [] Returning Coach []

Address _____ City/State _____ Zip _____

Home Phone _____ Day Phone _____ Email _____

Additional Adult Assistants: Name _____ (Please print clearly) Phone _____

Name _____ Phone _____

Team Status: New Team [] Returning Team [] Number of years team has played together? _____

If you played last season, under which classification did you register? Low Medium High League # _____

Team Registration- Please check one:

Recreational Division 3rd [] 4th [] 5th [] 6th [] 7th [] 8th [] **Gender:** Boys [] Girls []

Rank Your Skill Level: Low [] Medium [] High []

High School Division: 9th & 10th [] 11th & 12th [] **Gender:** Boys [] Girls []

Rank Your Skill Level: Low [] Medium [] High []

Registration will be accepted only if it includes the Registration & Classification form; signed Criminal Record Check Consent, and Code of Conduct forms; and the appropriate team fees.

Mail all forms and fee to:

**PP&R Youth Basketball
10850 N Denver Ave.
Portland, OR 97217**

Team Fee Rec Division (select one) **Grades 4-8:** \$450 _____ Scholarship Fee:\$400 _____
High School Grades 9-12: \$585 _____

Late Fee (if applicable) \$50 _____ **Total Fee \$** _____

Cash Check check # _____ Make check payable to the **City of Portland**

Visa MasterCard card # _____ Exp _____

Signature _____ Date _____

Please check that the following forms have been signed.

Coach Name _____ Criminal Record Check [] Insurance [] Code of Conduct []

Asst. Coach Name _____ Criminal Record Check [] Insurance []

Asst. Coach Name _____ Criminal Record Check [] Insurance []

Staff use only: Registration taken by _____ Date _____

