



Saturday Youth Basketball Players' Roster



SCHOOL _____ GRADE _____ GENDER _____

TEAM NAME _____ COACH NAME _____

COACH ADDRESS _____

HOME PHONE _____ WORK PHONE _____ FAX _____

EMAIL ADDRESS _____

Return a copy of this filled out form to:
 Portland Parks and Recreation
 Attn: Youth Basketball
 10850 N Denver Ave
 Portland OR 97217
 FAX: (503) 823-1655

THIS ROSTER (ON THIS FORM) MUST BE SUBMITTED PRIOR TO YOUR FIRST GAME (No substitute forms!) KEEP A COPY FOR YOUR FILES.

Please type or print clearly

Player Name	Player Address	Date of Birth	Parent/Guardian Name	Home Phone	Email

COACHES KEEP A RECORD OF PLAYER MEDICAL EMERGENCY INFORMATION WITH YOU DURING GAMES AND PRACTICES.