



PORTLAND PARKS & RECREATION

Healthy Parks, Healthy Portland

Saturday Youth Volleyball 2018 Program Registration Form

Team Name _____ School/Organization _____

Head Coach _____ New Coach Returning Coach

Address _____ City/State _____ Zip _____

Home Phone _____ Work _____ Email _____

Additional Adult (1) Name _____ Phone _____

Assistants (2) Name _____ Phone _____

Team Fee: \$300

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

Gender Girls Coed **High School Recreational League**

Saturday, April 14th

Mandatory coaches meeting at 9am – 9:45am.

New coach instructional clinic at 9:50am – 10:30am

New player and new team skill clinic (coaches welcome to attend)

- 4th and 5th grades
 - 10:30am – 12:30pm
- 6th grade through high school
 - 1pm – 3pm

**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 - \$300 _____ 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 _____

