



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: \$350	
Please <input checked="" type="checkbox"/> Box:	New Team <input type="checkbox"/> Returning Team <input type="checkbox"/> Grade Level 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/>
Gender	Girls <input type="checkbox"/> Coed <input type="checkbox"/>

Saturday September 15 is the date for the coaches meeting, coaching clinic, and player clinic.

Teams will be scheduled by their grade/skill level. The first week of game schedules will be posted on Thursday, September 20 at portlandoregon.gov/parks/49037. Game schedules will be posted on Thursday of each week.

Team registrations must include this completed form, the signed CRC form, the signed Code of Conduct form 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 - \$350 _____ Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____ Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Please contact Blaine Rethmeier (503-823-5126) at the PP&R Sports Office with credit card information.
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 _____

