PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

YOUTH VOLLEYBALL PLAYER ROSTER

SCHOOL: _____ GRADE(s)_____ GENDER_____

TEAM NAME: _____

COACH NAME: _____ ASSISTANT COACH:_____

COACH ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PHONE: _____ ASST COACH PHONE_____

E-MAIL ADDRESS: _____ ASST COACH EMAIL_____

Mail copy of this form to:
Portland Parks & Recreation
Sports Office / Volleyball
10850 N Denver, suite 1302
Portland OR 97217
Or fax to us at
FAX: (503) 823-1655

TEAM ROSTER MUST BE SUBMITTED PRIOR TO FIRST GAME – PLEASE MAKE A COPY AND KEEP FOR YOUR RECORDS

Please type or print clearly

Player Name	Number	Player Address	Zip Code	Date of Birth	Parent/Guardian Name	Contact Phone

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