



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
Or Scan and Email to:
jennifer.rounseville@portlandoregon.gov

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 | Read Concussion Form | Email |
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COACHES KEEP A RECORD OF PLAYER MEDICAL EMERGENCY INFORMATION WITH YOU DURING GAMES AND PRACTICES.