Saturday Youth Basketball Players' Roster

PORTLAND PARKS & RECREATION℠
Healthy Parks, Healthy Portland

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

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