



Saturday Youth Volleyball 2019 Team 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 <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"/>	High School Recreational League <input type="checkbox"/>

Coaches meeting and player clinic
Saturday, April 6th

Coaches Meeting: 9am – 9:30am

Player Skill Clinic (coaches welcome to attend)

- 4th, 5th, and 6th grades: 9:30am – 10:45am
- 7th and 8th grade: 11am – 12:30pm
- High school: 12:45pm – 2:15pm

**Registrations will only be accepted if it includes this form,
the signed CRC and Code of Conduct forms and team registration fees.**

To Register by Mail- Send Forms and 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"/> # _____
Make Checks Payable to: "City of Portland"	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Credit Card # _____ Exp _____
	Signature _____ Date _____
Staff use only:	Forms: 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"/>
	Registration taken by _____ Date _____

