

## Saturday Youth Basketball 2019-20 Team Registration & Classification Form

**Register from Monday, October 14<sup>th</sup> – Friday, November 22<sup>nd</sup>, 2019**

Team Name \_\_\_\_\_ School/Group Affiliation \_\_\_\_\_

Head Coach \_\_\_\_\_ New Coach [ ] Returning Coach [ ]

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Additional Adult Assistants: Name \_\_\_\_\_ (Please print clearly)  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Team Status:** New Team [ ] Returning Team [ ] Number of years team has played together? \_\_\_\_\_

**Team Registration-** Please check one: Gender: Boys [ ] Girls [ ] Coed [ ] (plays in boys' program)

**Grade :** Please circle one: 3 4 5 6 7 8 F/S J/S

**3<sup>rd</sup>- High School-** Circle what best fits your team skill level: Low Medium High

**\*Note: 7<sup>th</sup> and 8<sup>th</sup> grade girl's division will be combined.**

**\*Note: High school girls will be a traveling league with N. Clackamas Parks.**

**REQUIRED PRE-SEASON COACHES MEETINGS ~**

*Coaches and assistant coaches **must attend one** of the scheduled coaches' meetings listed below.*

*These meetings will provide coaches with league policies and procedures plus training from the Positive Coaching Alliance. We will be taking attendance for these meetings. A Coaches Card is issued after you have completed the coaches meeting.*

**Coaches Meeting Dates:**

<b>Saturday</b>	<b>December</b>	<b>7, 2019</b>	10am to 12pm	Fernwood Campus School, 1915 NE 33 <sup>rd</sup> Ave; Cafeteria
<b>Saturday</b>	<b>December</b>	<b>14, 2019</b>	10am to 12pm	Fernwood Campus School, 1915 NE 33 <sup>rd</sup> Ave; Cafeteria
<b>Wednesday</b>	<b>January</b>	<b>8, 2020</b>	6pm to 8pm	Beaumont Middle School, 4043 NE Fremont St; Cafeteria

❖ **Your Coaches Packet will be mailed once the team registration forms have been processed.**

**\* Do you have all your team registration forms filled out? Forms to be submitted:**

- 1. Registration and Classification Form**
- 2. Signed Volunteer Criminal Record Check Consent Form (Assistant coaches must also complete the background check form)**
- 3. Coach Code of Conduct**
- 4. Concussion Form**
- 5. Team Payment**

Mail all forms and fee to:

**PP&R Youth Basketball  
10850 N Denver Ave.  
Portland, OR 97217**

**Team Fee Rec Division** (select one) **Grades 3-8:** \$475 \_\_\_\_\_ **Scholarship Fee:** \$425 \_\_\_\_\_  
**High School Grades 9-12:** \$590 \_\_\_\_\_ (Sports Office approval)

**Late Fee** (if applicable) \$50 \_\_\_\_\_ **Total Fee** \$ \_\_\_\_\_

Cash Check Check # \_\_\_\_\_ Make check payable to the **City of Portland**

Please call the office with credit card: 503-823-5124 or 503-823-5126

For Office Use ONLY: Visa MasterCard  
card # \_\_\_\_\_ Exp \_\_\_\_\_

