



## GOLDENBALL YOUTH BASKETBALL ROSTER

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER \_\_\_\_\_

TEAM NAME \_\_\_\_\_ COACH NAME \_\_\_\_\_

COACH ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

Scan and Email to:

[jennifer.rounseville@portlandoregon.gov](mailto:jennifer.rounseville@portlandoregon.gov)

[blaine.rethmeier@portlandoregon.gov](mailto:blaine.rethmeier@portlandoregon.gov)

THIS ROSTER MUST BE SUBMITTED PRIOR TO YOUR FIRST GAME (no substitute forms).

Keep a copy for your files. *Please type or print clearly.*

[illegible]

**Coaches keep a record of player medical emergency information with you during games and practices.**

