PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

GOLDENBALL

GOLDENBALL YOUTH BASKETBALL ROSTER

SCHOOL _____ GRADE _____ GENDER _____

TEAM NAME _____ COACH NAME _____

COACH ADDRESS _____ PHONE _____

EMAIL ADDRESS _____

THIS ROSTER MUST BE SUBMITTED PRIOR TO YOUR FIRST GAME (no substitute forms).
Keep a copy for your files. *Please type or print clearly.*

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

blaine.rethmeier@portlandoregon.gov

Player Name	Date of Birth	Player Ethnicity	Parent/Guardian Name	Read Concussion Form	Parent/Guardian Email
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Coaches keep a record of player medical emergency information with you during games and practices.