PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

ADULT SOFTBALL
PRE-CLASSIFICATION INFORMATION SHEET

This form must be submitted at the time of registration

*****The Purpose of this form is to put your team in a division with the same level of play. Fill out to the best of your knowledge.***

Team Name _____ Team Name Last Year _____

Coed [ ] WSP [ ] MSP [ ]

[ ] New Team [ ] Returning Team (6 or more played together last year)

Returning Teams Only (Fill out this portion):
What division did this team play in during the 2nd half of last year? _____
What was the team record for the 2nd half of last year? Wins _____ Losses _____
Did the team play in Fall Ball? Division _____ Wins _____ Losses _____

If you have new players, what team (s) did your new players play on last year? _____

_____

If your team played in tournaments please note your team record: _____

Please indicate your teams playing ability:
[ ] Low
[ ] Medium
[ ] Medium/High
[ ] High

Please list your returning players (First and Last Name):

1)
2)
3)
4)
5)
6)
7)
8)
9)
10)
11)
12)

New Teams Only (Fill out this portion):
Please indicate your playing ability:
[ ] Low
[ ] Medium
[ ] Medium/High
[ ] High

Number of players on team with 1 (one) or less years of playing experience: _____
Number of players on team with 4 (four) or more years of playing experience: _____

REQUIRED: Describe your teams playing ability: _____

_____

_____

All Team Managers or Coaches must read and sign below:

- As a team manager or coach I will make every attempt to maintain good sportsmanship between my players and spectators, on and off the playing field.

Signature of Team Manager (or Coach) _____