

Team: **Coastal 14 Barracudas (F)**

Club: **Coastal Volleyball Club Inc**

Team code: **G14COJVB1NE**

Division: **14 B**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2	Elodie Cook	4247737	03/12/2010	Player			-	-	-
3	Madison Longo	4707785	11/10/2010	Player			-	-	-
5 LB	Taylor Musstotte	4534408	06/17/2011	Player			-	-	-
7	Audrina Raposo	4907289	09/30/2009	Player			-	-	-
8	Ava Williams	4631269	04/30/2010	Player			-	-	-
9	Elsie Reid	4702569	10/03/2009	Player			-	-	-
10	Abigail Arel	4908672	01/06/2011	Player			-	-	-
13	Riley Tetlow	4902983	05/14/2010	Player			-	-	-
15 OH	Julia Lloyd	4919157	05/15/2010	Player			-	-	-
16	Maya Oliveira	4859141	09/16/2009	Player			-	-	-
18	Jaylee Lacerda	4884675	01/19/2010	Player			-	-	-
25	Claire Marshall	4754507	08/14/2009	Player			-	-	-
AC	<b>Marci Lima</b>	4836851	02/10/1977	IMPACT	YES	YES	-	-	5089823517
AC	<b>Alyssa Carter</b>	4928343	05/15/1982	IMPACT	YES	YES	-	-	5088188188
HC	<b>Kyle Lloyd</b>	2318821	12/30/1975	IMPACT	YES	YES	-	-	6177193434

The following team members are eligible for Team Check In Wristbands - Athletes: 12, Staff: 3

Verification of Tournament Roster and USAV Medical / Emergency Release Forms

The person signing this form verifies that:

1. The signer is authorized to sign this form and is a USAV member, currently registered as a coach, director, chaperone or team rep for this club/team;
2. This roster is a complete and final list of all players and staff who will participate in this event;
3. Each player is a current registered member in good standing with his/her USAV Member Organization;
4. All player and staff information is correct;
5. All coaches on the roster have completed the USAV IMPACT certification course;
6. The club director and coaches are aware of all USAV coaching requirements, have met such requirements and that at least one IMPACT certified coach will be on the bench at all times;
7. All results submitted to the SportWrench tournament system are complete and accurate;
8. The coach or team rep listed on the roster will, at all times, have in their possession a completed USAV Medical Release form;
9. The club, coach and team understand that they are subject to any and all penalties for incorrect or incomplete information on this form and may be required at any time to show additional proof of USAV current membership regardless who signs the verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Role: (Club director etc...)