Team: Coastal 18 Hurricanes (F) Team code: G18COJVB2NE

Club: Coastal Volleyball Club Inc Division: 18 B

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
4 LB	Diana Richards	3332238	10/17/2005	Player		YES	-	-	-
5 OH	Amy Rho	4488910	06/03/2007	Player			-	-	-
6 LB	Claudia Pacheco	4703450	03/24/2008	Player			-	-	-
8 MB	Gabby Fernandes	4772680	01/21/2007	Player			-	-	-
9 RS	Ainsley Cebula	3231728	11/02/2006	Player			-	-	-
10 OH	Niyah Boone	4885560	05/09/2006	Player			-	-	-
12 S	Lily Gonet	4663682	01/29/2007	Player			-	-	-
16 OH	Olivia Mlynek	4390949	11/01/2006	Player			-	-	-
18 MB	Addison Dean	4647316	08/12/2007	Player			-	-	-
19 OH	Amelia Breese	4421977	06/09/2007	Player			-	-	-
22 OH	Lizbeth Perez	4450570	09/19/2006	Player			-	-	-
AC	Maegan Teets	4005586	08/28/1998	IMPACT	YES	YES	-	-	6463874210
HC	Erin Connolly	1463113	11/25/1991	IMPACT	YES	YES	-	-	5089717779

The following team members are eligible for Team Check In Wristbands - Athletes: 11, Staff: 2

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, ave 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

Date

Printed name

Cell Phone

Role: (Club director etc...)