

Team: **Coastal 15 Lightning (F)**

Club: **Coastal Volleyball Club Inc**

Team code: **G15COJVB1NE**

Division: **15 B**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3 S	Mischa Tomasia	4708377	10/03/2009	Player			-	-	-
6	Rachel Thomas	4901736	04/06/2009	Player			-	-	-
7	Olivia Govoni	4822251	02/06/2009	Player			-	-	-
8	Sofia Resendes	4773123	05/26/2009	Player			-	-	-
9	Amanda Medeiros	4882395	04/04/2009	Player			-	-	-
10	Gabriela Ligotti	4423789	06/13/2009	Player			-	-	-
12	Ava Mourato	4909537	09/01/2008	Player			-	-	-
18	Addison Crawford	4493779	12/30/2008	Player			-	-	-
22	Avery Rioux	4876065	08/13/2008	Player			-	-	-
24	Ella Breese	4560992	06/14/2009	Player			-	-	-
26	Saphira Botelho	4902281	06/04/2009	Player			-	-	-
27	Elise Hunt	4909088	07/13/2008	Player			-	-	-
AC	Taylor Rymszewicz	3055881	08/09/2003	IMPACT	YES	YES	-	-	7743094140
HC	Jordan Soufy	4789126	01/08/2003	IMPACT	YES	YES	-	-	7742197966

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