

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

Club: **Coastal Volleyball Club Inc**

Team code: **G15COJVB2NE**

Division: **15 B**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3	Kylie Cabral	4902691	09/23/2008	Player			-	-	-
6	Brianna Ledesma Gassmann	4494648	06/06/2009	Player			-	-	-
8	Kylin Trahan	4909751	10/12/2008	Player			-	-	-
13	Lylah Couto	4493661	05/15/2009	Player			-	-	-
14	Natalie Medeiros	4883737	01/15/2009	Player			-	-	-
17	Savannah Sowle	4901673	06/09/2009	Player			-	-	-
19	Aubrey Adams	4875840	04/04/2009	Player			-	-	-
20	Madeline Enos	4655549	10/21/2008	Player			-	-	-
21	SAVANNAH MORRIS	4771985	02/28/2009	Player			-	-	-
26	Margaux Poyant	4843293	01/23/2009	Player			-	-	-
AC	Charlotte Guillemette	3098711	11/09/2001	IMPACT	YES	YES	-	-	4016021183
HC	Nina Castillo	3078908	10/30/2002	IMPACT	YES	YES	-	-	5088586791

The following team members are eligible for Team Check In Wristbands - Athletes: 10, 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...)