

Team: **Coastal 18 Sharks (F)**

Club: **Coastal Volleyball Club Inc**

Team code: **G18COJVB1NE**

Division: **18 A**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1 OH	Annabella Karpicz	4791532	03/15/2006	Player			-	-	-
3 LB	Grace McGilvray	3026045	06/06/2008	Player			-	-	-
4 MB	Danica Andersen	4436209	03/04/2006	Player			-	-	-
5 MB	Alexandria James	4183182	10/25/2005	Player		YES	-	-	-
8 RS	Jocelyn Sigouin-Adorno	4415949	01/18/2007	Player			-	-	-
9 S	Mia Shaw	3170388	12/19/2005	Player		YES	-	-	-
12 OH	Nola Timo	3378095	06/04/2008	Player			-	-	-
16 S	Elena Timo	3382116	07/03/2006	Player			-	-	-
23 LB	Braley Boucher	4564885	07/07/2008	Player			-	-	-
24 RS	Narissa Blevines	4292076	12/04/2006	Player			-	-	-
25 OH	Zoie Mussotte	4431225	07/28/2007	Player			-	-	-
27 OH	Kiana Coppa	4339918	06/09/2006	Player			-	-	-
AC	<b>Kenneth Michaels</b>	3223527	03/03/1967	IMPACT	YES	YES	-	-	5089224187
AC	<b>Nicole Pike</b>	2525855	04/07/1999	IMPACT	YES	YES	-	-	5088587230
AC	<b>Molly Antone</b>	2585844	06/18/2000	IMPACT	YES	YES	-	-	5089511105
HC	Tara Costa	1739814	01/23/1984	IMPACT	YES	YES	-	-	5082641410

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...)