

Team: **Coastal 16 Sirens (F)**

Club: **Coastal Volleyball Club Inc**

Team code: **G16COJVB2NE**

Division: **16 B**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1	ava melo	4909905	06/21/2008	Player			-	-	-
2	Taliyah Raiche	4908890	12/24/2007	Player			-	-	-
8	Abigail Manning	4247538	11/21/2008	Player			-	-	-
12	Katelyn McKinnon	4904371	08/02/2007	Player			-	-	-
13	Laisha Boone	4885571	03/29/2008	Player			-	-	-
14	Alikka Espinola	4585035	12/20/2007	Player			-	-	-
15	Serena fernandes	4494253	06/09/2008	Player			-	-	-
17	Olivia Bonomi	4847618	12/16/2007	Player			-	-	-
18 S	Kylie Hazel	4855290	03/24/2009	Player			-	-	-
25	Reagan Melo	4705258	02/13/2008	Player			-	-	-
28	Sophia Brousseau	4753778	03/02/2008	Player			-	-	-
HC	Amanda Tarantelli	2789031	07/23/1980	IMPACT	YES	YES	-	-	4014406146
AC	James Moran	1413909	01/31/1989	IMPACT	YES	YES	-	-	4014801573

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

Printed name

Date

Cell Phone

Role: (Club director etc...)