

Team: **Coastal 16 Storm (F)**  
Team code: **G16COJVB1NE**

Club: **Coastal Volleyball Club Inc**  
Division: **16 A**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 OH	Ivy Mattos	4743453	03/31/2008	Player			-	-	-
6 MB	Maggie Paiva	4746741	01/22/2009	Player			-	-	-
7 OH	Lily Rego	4488957	06/04/2011	Player			-	-	-
10 S	Aubrey Sweeney	3359217	03/30/2008	Player			-	-	-
13 OH	Carlee Bissonnette	4565455	02/10/2008	Player			-	-	-
14 OH	Brenna Dugan	4245670	12/02/2007	Player			-	-	-
15 LB	Briarose Aspden	4802270	09/19/2008	Player			-	-	-
20 LB	Anna Higgins	3348277	01/24/2008	Player			-	-	-
21 RS	Katelyn Ferrara	4676954	06/23/2010	Player			-	-	-
29 MB	Lauren Kanuse	4863745	01/29/2008	Player			-	-	-
AC	Nicole Pike	2525855	04/07/1999	IMPACT	YES	YES	-	-	5088587230
HC	<b>Kimberly Ferrara</b>	4674946	10/26/1975	IMPACT	YES	YES	-	-	5087288720
AC	<b>Tara Costa</b>	1739814	01/23/1984	IMPACT	YES	YES	-	-	5082641410
AC	<b>Nicole Mowatt</b>	1734003	03/01/1990	IMPACT	YES	YES	-	-	5082645880
AC	<b>Lindsey Rego</b>	4690962	11/01/1986	IMPACT	YES	YES	-	-	7746442850

The following team members are eligible for Team Check In Wristbands - Athletes: 10, Staff: 3

Only the first three primary staffers per team will receive entrance wristbands.

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...)