

Team: **Coastal 14 Tiger Sharks (F)**

Club: **Coastal Volleyball Club Inc**

Team code: **G14COJVB2NE**

Division: **14 B**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2	Diana Goll	4909441	07/23/2009	Player			-	-	-
3	Ayla McGlynn	4902022	06/03/2011	Player			-	-	-
7	Riley Duff	4908880	05/26/2011	Player			-	-	-
9	Chloe Diogo	4681544	01/30/2012	Player			-	-	-
10	Natalia Almeida	4492770	09/25/2009	Player			-	-	-
11	Nola Melo	4726231	06/29/2010	Player			-	-	-
12	Gabriella Gomes	4904346	01/06/2010	Player			-	-	-
14	Maia Lassotovitch	4907926	02/17/2010	Player			-	-	-
15	Rory Bradshaw	4524932	12/02/2009	Player			-	-	-
16	Isabella Solitro	4701490	03/07/2011	Player			-	-	-
19	Emma McGilvray	4453647	04/17/2010	Player			-	-	-
21	Hailey Moreira	4492747	03/03/2010	Player			-	-	-
HC	Alanna Solitro	4691479	12/23/1981	IMPACT	YES	YES	-	-	5082433132
AC	Charlotte Diogo	4820020	10/24/1977	IMPACT	YES	YES	-	-	5082084387

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...)