Team: Coastal 17 Tsunami (F)

Team code: G17COJVB1NE

Club: Coastal Volleyball Club Inc

Division: 17 B

Jers. #/Pos.	Name	USAV#	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1	Ruby Gonsalves	4340406	02/28/2007	Player			-	-	-
2	Layla Bossie	4813409	04/30/2007	Player			-	-	-
3	Madeline Gamelin	4700786	05/17/2008	Player			-	-	-
5	Aleah Braun	4339945	10/14/2008	Player			-	-	-
7	Jessica Patenaude	4602312	10/24/2007	Player			-	-	-
13	Ava Moniz	4709376	08/02/2006	Player			-	-	-
17	Ava Couto	4566056	09/11/2006	Player			-	-	-
21	Margaret Martin	4241720	12/01/2007	Player			-	-	-
23	Mariaelena Thomas	4908704	06/25/2008	Player			-	-	-
26	Hazel Hochella	4647340	06/20/2008	Player			-	-	-
27	Madison Alves	4705530	11/02/2007	Player			-	-	-
HC	Beatriz Furtado	3358783	01/08/1996	IMPACT	YES	YES	-	-	7749558247
AC	Joe Heneine	4671863	08/01/1996	IMPACT	YES	YES	-	-	5084962409

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)