

Southern Hospitality 2018

2/17/2018 - 2/18/2018

Team VIA T 14 Tsunami Team Code FJ4LAVBC4BY
Club Louisiana Volleyball Division 14 Girls

Jers. # / Pos.	Name	USAV #	USAV Ver.	Birthdate	Coach Cert.	BGS Ver	SafeSport	Impact	Added
12	Alack, Shannen	BY3076396FOJ18	Y	09/30/04	Player	-	-	-	12/04/17
11	Castello, Ryleigh	BY3079639FOJ18	Y	10/20/04	Player	-	-	-	12/04/17
17	Dufrene, Thaleia	BY3062022FOJ18	Y	12/02/03	Player	-	-	-	12/04/17
16	Edwards, Kayla	BY3062771FOJ18	Y	11/25/03	Player	-	-	-	12/04/17
13	Hood, Kristen	BY3079800FOJ18	Y	02/29/04	Player	-	-	-	12/04/17
10	Hughes, Dali	BY3058552FOJ18	Y	04/24/04	Player	-	-	-	12/04/17
9	Lewis, Amiya`	BY3080466FOJ18	Y	07/13/08	Player	-	-	-	12/04/17
15	May, Kendall	BY3075032FOJ18	Y	01/15/04	Player	-	-	-	12/04/17
14	Smith, Savannah	BY3072590FOJ18	Y	12/19/03	Player	-	-	-	12/04/17
Head Coach	Belcher, Celine	BY1448619FOA18	Y	06/14/90	IMPACT	USAV	USAV	USAV	12/04/17
Assistant Coach	Smoot, Larry	BY1222332MOA18	Y	06/07/60	IMPACT	USAV	USAV	USAV	12/04/17
Assistant Coach	Thrower, Mary	BY1955608FOA18	Y	07/08/94	IMPACT	USAV	USAV	USAV	12/04/17

Roster size: 12 (9 players and 3 staff members)

** Denotes player is team captain, [W] Denotes waived player

Event Roster & Medical/Emergency Release Form Requirements

1. The above roster is correct and contains all players who will be participating in the event. All players listed on the roster must be registered or members in good standing with their respective Member Organization.
2. All players must meet age classification requirements. NOTE: Age Waiver players are NOT eligible for Qualification events and National competitions (National & Regional Qualifiers and the Junior Nationals).
3. All staff listed on the roster must be registered or members in good standing with their respective Member Organization: have completed SafeSport certification and cleared the approved background screening. A staff member listed on the roster for the team/club will be with this team/club at all times during while attending this competition.
4. All coaches are required to be at a minimum Impact certified.
5. A staff member listed on the roster for the team will be with this team and have in their immediate possession at all times during this competition a complete and legible copy of the Medical/Emergency Release Form for each player listed on the official roster.
6. The team understands it is subject to any and all penalties for incorrect or incomplete information on this form.

Print Name

Signature

Phone Number

Date