

Tournament Site: _____
Club: [Splash VBC](#)
Team: [Splash U18 RB](#)
Team Code: FJ8SPVBC2EV
Region Division: Girls' 18 Silver
Event Division Entered: _____

Tournament Date: _____
Team Rep: Patricia Ellingsen
 1509 W Pinehill Rd
 Spokane, WA 99218
 509-468-2894
Email: paecpa@aol.com **Team Fee Paid:** Yes

#	Pos	Name	USAV #	Coach Status	Coach Cert.	RefScore	Current	Mbr Stat
4	Player	Arzen, Annie	EV1423054FJ12			Y Y	Current	
2	Player	Browning, Katra	EV2190583FJ12			Y Y	Current	
8	Player	Bucholtz, Alexandra	EV1678687FJ12			Y Y	Current	
	Chaperone	Hauser-Lindstrom, Doreen	EV1805976FOA12				Current	
5	Player	Lindstrom, Mara	EV1679144FJ12			Y Y	Current	
10	Player	Nauditt, Kayce	EV1150379FJ12			Y Y	Current	
13	Player	Oleson, Ixchelle	EV1150364FJ12			Y Y	Current	
11	Player	Pau, Tia	EV1150465FJ12			Y Y	Current	
7	Player	Pilialoa, Ryen	EV1423918FJ12			Y Y	Current	
3	Player	Ray, Maddison	EV1423957FJ12			Y Y	Current	
	Asst. Coach	Sonderland, Brandy	EV1148654FR12	Eligible	IMPACTY	Y Y	Current	
	Head Coach	Walter, Richard	EV2248408MR12	Eligible	IMPACTY	Y Y	Current	
9	Player	Wold, Courtney	EV1150368FJ12			Y Y	Current	
	Chaperone	Wold, Kim	EV1150903FR12	Eligible	IMPACTY	Y Y	Current	

ROSTER & USAV Medical/Emergency Release Form Verification

Coaches of the teams in this event are required to carry with them at all times completed USAV Medical/Emergency release forms.

The person signing this form verifies that:

1. The above roster is correct and contains all players who will be participating in the event. All players meet age requirements.
2. They will have in their immediate possession at all times during this competition a completed copy of the USAV Medical/Emergency Release Form for each player listed on the official roster.
3. The team understands it is subject to any and all penalties if this roster does not match the participants attending the event, regardless of who signs this verification.

Print Name _____ Signature _____

Phone Number (If different from above) _____ Date _____



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