



Roster Requirements

Roster created using USA Volleyball Database

Team Roster

Page 1 of 1

Tournament Site: _____
 Club: **VOLLEY FX**
 Team: **VOLLEY FX 18-1 MAGIC**
 Team Code: FJ8VOLFX1WE
 Region Division:
 Event Division Entered: _____

Tournament Date: _____
 Team Rep: John Hill
 1145 Clevenger Rd
 Ontario, NY 14519
 585-755-9265
 Email: john.hill@volleyfx.com

#	Pos	Name	USAV #	DOB	Coach Status	Coach Cert.	Ref	Score	Mbr Stat
3	Player	Cushman, Mary	WE1475857FJ10	2/18/1992					Current
	Player	Dolan, Hannah	WE1431971FJ10	3/9/1993					Current
12	Player	Gordon, Kymberle	WE1329917FJ10	8/18/1993			Y	Y	Current
21	Player	Hanggi, Lindsey	WE1330243FJ10	12/28/1991					Current
13	Player	Hathaway, Laura	WE1312045FJ10	2/24/1993			Y	Y	Current
1	Player	McGwin, Melissa	WE1902851FJ10	3/1/1993					Current
19	Player	Schirmer, Kaja	WE1311418FJ10	10/11/1991					Current
9	Player	Schirmer, Selina	WE1749311FJ10	5/23/1993			Y	Y	Current
18	Player	Scott, Elizabeth	WE1323931FJ10	12/23/1992			Y	Y	Current
	Player	Sedore, Amanda	WE1109526FJ10	4/8/1993				Y	Current
	Asst. Coach	Werkmeister, Candide	WE1109878FR10	2/18/1975	Eligible	IMPACT			Current
	Head Coach	Werkmeister, Robert	WE1109703MR10	3/9/1974	Eligible	IMPACT			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 _____



[Explorer 6.0](#) or later

[Privacy Statement](#)

For optimal viewing, USA Volleyball recommends use of [Internet](#)



Roster Requirements

Coach's Responsibilities

Add members, with all the listed info (green oval), or delete members (orange arrows) the day of the tournament

Complete the top information (yellow arrows). Coach prints name, date, and signs roster (red arrows)

Page 1 of 1

Team Roster

Tournament Site: Rochester Main St. Armory Tournament Date: 5/15/2010

Club: VOLLEY FX Team Rep: John Hill

Team: VOLLEY FX 18-1 MAGIC 1145 Clevenger Rd

Team Code: FJ8VOLFX1WE Ontario, NY 14519

Region Division: 585-755-9265

Event Division Entered: 18s Email: john.hill@volleyfx.com

#	Pos	Name	USAV #	DOB	Coach Status	Coach Cert.	Ref	Score	Mbr Stat
3	Player	Cushman, Mary	WE1475857FJ10	2/16/1992					Current
2	Player	Dolan, Hannah	WE1431971FJ10	3/9/1993					Current
12	Player	Gordon, Kymberle	WE1329917FJ10	8/18/1993			Y	Y	Current
21	Player	Hagg, Lindsey	WE1330243FJ10	12/28/1991					Current
13	Player	Hathaway, Laura	WE1312045FJ10	2/24/1993			Y	Y	Current
1	Player	McGwin, Melissa	WE1902651FJ10	3/1/1993					Current
19	Player	Schirmer, Kaja	WE1311418FJ10	10/11/1991					Current
9	Player	Schirmer, Selina	WE1749311FJ10	5/23/1993			Y	Y	Current
18	Player	Scott, Elizabeth	WE1329934FJ10	12/23/1992			Y	Y	Current
4	Player	Sedors, Amanda	WE1109526FJ10	4/8/1993				Y	Current
	Asst. Coach	Werkmeister, Candide	WE1109878FR10	2/16/1975	Eligible	IMPACT			Current
	Head Coach	Werkmeister, Robert	WE1109703MR10	3/9/1974	Eligible	IMPACT			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

Player: Cohen, Hannah WE1528009FJ10 5/19/1993

The person signing this form verifies that:

- The above roster is correct and contains all players who will be participating in the event. All players meet age requirements.
- 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.
- 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: Robert Werkmeister Signature: [Signature]

Phone Number (If different from above): _____ Date: 5/15/2010

VeriSign Secured

VERIPLY

Privacy Statement
For optimal viewing, USA Volleyball recommends use of Internet Explorer 6.0 or later



Roster Requirements

Tournament Director's Responsibilities

Tournament Director checks that:

- All players and coaches are present (red checks)
- Coach has signed roster (red arrow)

Tournament Director signs roster (green arrow) indicating that they have verified this teams roster at the start of the tournament

Page 1 of 1

Team Roster

Tournament Site: Rochester Main St. Armory Tournament Date: 5/15/2010
 Club: VOLLEY FX Team Rep: John Hill
 Team: VOLLEY FX 18-1 MAGIC 1145 Clevenger Rd
 Team Code: FJBVOLFX1WE Ontario, NY 14519
 Region Division: 585-755-9265
 Event Division Entered: 18s Email: john.hill@volleyfx.com

#	Pos	Name	USAV #	DOB	Coach Status	Coach Cert.	Ref	Score	Mbr Stat
✓3	Player	Cushman, Mary	WE1475857FJ10	2/16/1992					Current
✓2	Player	Dolan, Hannah	WE1431971FJ10	3/9/1993					Current
✓12	Player	Gordon, Kymberle	WE1329917FJ10	8/18/1993			Y	Y	Current
✓21	Player	Hanggi, Lindsey	WE1330243FJ10	12/28/1991					Current
13	Player	Hathaway, Laura	WE1312046FJ10	2/24/1993			Y	Y	Current
✓1	Player	McGwin, Melissa	WE1902651FJ10	3/1/1993					Current
✓19	Player	Schirmer, Keja	WE1311418FJ10	10/11/1991					Current
✓9	Player	Schirmer, Selina	WE1749311FJ10	5/23/1993			Y	Y	Current
18	Player	Scott, Elizabeth	WE1323934FJ10	12/23/1992			Y	Y	Current
✓4	Player	Sedore, Amanda	WE1109528FJ10	4/8/1993				Y	Current
	✓ Asst. Coach	Werkmeister, Candide	WE1109878FR10	2/16/1975	Eligible	IMPACT			Current
	✓ Head Coach	Werkmeister, Robert	WE1109703MR10	3/9/1974	Eligible	IMPACT			Current

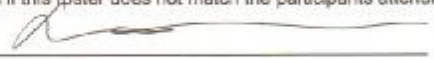
ROSTER & USAV Medical/Emergency Release Form Verification

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

✓5 Player Cohen, Hannah WE152809FJ10 5/19/1993

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.


Robert Werkmeister  ←

Print Name Signature

5/15/2010

Phone Number (If different from above) Date

5/15/2010 ←



VeriSign Secured VERiFY™

Privacy Statement
For optimal viewing, USA Volleyball recommends use of Internet Explorer 6.0 or later

