



## STAFF

Coaches of the team 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 information 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 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.

I hereby certify the above information is TRUE and correct:      Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_