



**Club:** Gaston Galaxy Volleyball Club  
**Season:** 2020 - 2021 Volleyball Season  
**Division:** Girls 17's  
**Region:** Carolina Regional Volleyball  
**Team Name:** Galaxy 17 Joe  
**Team Code:** G17GALXY2CR  
**Team Contact:** Joseph Lehman • (704) 776-3926  
**Team Fee:** Paid



## PLAYERS

Name	Membership #	Credentials	Eligibility	Jersey #
Albright, Allison	3040062		Eligible	
Austin, Jaeda	3191072		Eligible	
Huffstetler, Kendall	3258688		Eligible	
Jones, Maddie	4268352		Eligible	
Jordan, Jael	2892802		Eligible	
Main, Ayden	3257295		Eligible	
Osburn, Claire	3123967		Eligible	
Payne, Claire	3172473		Eligible	
Price, Jada	3367653		Eligible	
Ramirez, Anna	4269535		Eligible	
Starr, Kylin	3126357		Eligible	
Styles, Millea	4197127		Eligible	

Albright	Austin	Huffstetler	Jones
Jordan	Main	Osburn	Payne
Price	Ramirez	Starr	Styles

## STAFF

Name	Title	Membership #	Credentials	Eligibility
Lehman, Joseph	Head Coach	1052704		Eligible
Main, Bria	Assistant Coach	4248906		Eligible
Sloan, Todd	Assistant Coach	2886923		Eligible

HC - Lehman	AC - Main	AC - Sloan	

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: \_\_\_\_\_