

# Southern Hospitality 2018

2/17/2018 - 2/18/2018

**Team** LVBR 15 National  
**Club** Louisiana Volleyball

**Team Code** FJ5LAVBCABY  
**Division** 15 Girls

Jers. # / Pos.	Name	USAV #	USAV Ver.	Birthdate	Coach Cert.	BGS Ver	SafeSport	Impact	Added
6	Cameron, Victoria	BY2193442FOJ18	Y	11/01/02	Player	-	-	-	12/04/17
24	Collier, Ke'Ira	BY2589529FOJ18	Y	12/11/02	Player	-	-	-	12/04/17
25	Dunham, KAILEY	BY2681618FOJ18	Y	12/22/02	Player	-	-	-	12/04/17
3	Guidry, Jenna	BY3056738FOJ18	Y	09/07/02	Player	-	-	-	12/04/17
5	Mcreynolds, Maddie	BY2845334FOJ18	Y	01/22/03	Player	-	-	-	12/04/17
7	Moreau, Simone	BY2781383FOJ18	Y	02/26/03	Player	-	-	-	12/04/17
9	Sauceman, Aubree	BY2549946FOJ18	Y	12/26/02	Player	-	-	-	12/04/17
21	Smith, Alacyia (Lacy)	BY2670784FOJ18	Y	02/21/03	Player	-	-	-	12/04/17
Head Coach	Jacobs, Venessa	BY1399032FOA18	Y	12/16/71	IMPACT	USAV	USAV	USAV	12/04/17
Assistant Coach	Calais, Vatterra	BY2181048FOA18	Y	10/30/96	IMPACT	USAV	USAV	USAV	12/04/17
Assistant Coach	Clayton, Mariah	BY2418208FOA18	Y	04/07/96	IMPACT	USAV	USAV	USAV	12/04/17

Roster size: 11 (8 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