

# Ragin Cajun Classic 2018

2/3/2018 - 2/4/2018

**Team** VIA T 16 Hurricane  
**Club** Louisiana Volleyball

**Team Code** FJ6LAVBC2BY  
**Division** 16 Girls

Jers. # / Pos.	Name	USAV #	USAV Ver.	Coach Birthdate	Coach Cert.	BGS Ver	SafeSport	Impact	Added
4	Bordelon, Holly	BY2941354FOJ18	Y	03/21/02	Player	-	-	-	12/04/17
18	Cyrus, Claire	BY2439815FOJ18	Y	09/12/02	Player	-	-	-	12/04/17
19	Domingue, Sophie	BY2920653FOJ18	Y	10/12/01	Player	-	-	-	12/04/17
8	Galaforo, Christin	BY2941371FOJ18	Y	12/20/01	Player	-	-	-	12/04/17
7	Kugler, Mia	BY2439658FOJ18	Y	09/19/02	Player	-	-	-	12/04/17
15	Mdaughlin, Destiny	BY2941348FOJ18	Y	05/16/02	Player	-	-	-	12/04/17
11	Thompson, Hannah	BY2820460FOJ18	Y	03/28/03	Player	-	-	-	12/04/17
13	Woodruff, Elizabeth	BY2941557FOJ18	Y	11/09/01	Player	-	-	-	12/04/17
Head Coach	Smoot, Larry	BY1222332MOA18	Y	06/07/60	IMPACT	USAV	USAV	USAV	12/04/17
Assistant Coach	Belcher, Celine	BY1448619FOA18	Y	06/14/90	IMPACT	USAV	USAV	USAV	12/04/17

Roster size: 10 (8 players and 2 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