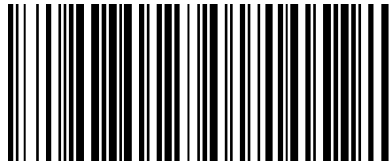


**Team:** Mizuno Northern Lights 171  
**Team ID:** FJ7NLITE1NO  
**Club:** Mizuno Northern Lights  
**Division:** G18U



This form must have a bar code on it. If it doesn't, you have the wrong form.

Num	Name	USAV Number	Birthdate	Level
1	Atkinson, Lisa	30931J7	[REDACTED]	Player
2	Enderle, Hallie	34923J7	[REDACTED]	Player
3	Habeck, Katie	23746J7	[REDACTED]	Player
4	Hoeffel, Dale	30506J7	[REDACTED]	Player
5	Jerde, Jessica	8763J7	[REDACTED]	Player
6	Johnson, Samantha	26362J7	[REDACTED]	Player
7	Murtha, Ashley	26157J7	[REDACTED]	Player
8	Racz, Melissa	34887J7	[REDACTED]	Player
9	Schile, Kelsey	29890J7	[REDACTED]	Player
10	Voss, Taylor	30465J7	[REDACTED]	Player
Asst Coach	Beamer, Adam	62MR	[REDACTED]	IMPACT
Head Coach	Dombeck, Pam	81FR	[REDACTED]	IMPACT
Team Rep	Glesmann, Curt	58MR	[REDACTED]	IMPACT
Asst Coach	Haugen, Sean	160MR	[REDACTED]	IMPACT

**Total team count is: 14. (10 players and 4 staff members)**

All players and coaches must have valid USAV numbers listed. "In Process" not allowed. No handwritten changes allowed on this form.

**USAV Medical/Emergency Release Form**

Coaches of teams in the Northern Lights January Thaw must complete USAV Medical/Emergency release forms at all times.

The person signing this form verifies that:

1. The above roster is correct and contains all players who will be participating. All players listed are also USAV registered and meet age requirements.
2. They are USAV registered as a coach or team rep for the team/club listed and that they will be with this team/club at all times during this competition. They also certify that all coaches for this team are USAV registered.
3. 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.
4. The team understands it is subject to any and all penalties for incorrect or incomplete information on this form, regardless of who signs this verification.

All coaches listed on this roster must be impact or CAP certified.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Name of hotel where this team is staying, or put "home".  
 Phone number for hotel or local home phone or cell phone.  
 Number of rooms this TEAM (not entire club) and it's parent used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

