

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

12 Region      Keller City      Youth Basketball Sport      Div III 7U Division      Keller Predators Team Name



**NOTE:** 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster

	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. Jacob Trujillo	2423 Keyhole St Irving TX 75060	07/23/2018	<i>Amelia C</i>
All Divisions	2. Amouri Lindsey	1706 Stags Leap Ft. Worth TX	08/24/2018	<i>Shawnee M.</i>
All Divisions	3. Carter Crawford	8166 Hawkview Dr Ft. Worth TX	09/26/2018	<i>DeJanae Varnado</i>
All Divisions	4. Xavier Lewis	5280 Dillon Cir HC TX 76137	11/05/2018	<i>Priscilla Lewis</i>
All Divisions	5. Jamien Evans	6708 Park Vista Blvd Worth TX 76137	8/3/18	<i>Debra</i>
All Divisions	6. Xavier Dhanoel	7408 Cowbird Ct	11/24/19	<i>[Signature]</i>
All Divisions	7. Leonius Dhanoel	7408 Cowbird Ct	12/18/18	<i>[Signature]</i>
All Divisions	8. Braylen Robinson	4853 Cumbake Dr	5/18/19	<i>[Signature]</i>
All Divisions	9. Grayson Anderson	5409 Tennecula Dr	9/18/18	<i>[Signature]</i>
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY – pick up player</b>				

**TEAM MANAGER'S GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Romero Dhanoel Signature of Team Manager *[Signature]* Email address rdhanoel@yaho.com Date 1/13/2025

Manager's Address (Print or type) 1350 N Bluewood Rd. Home Phone 682-283-9732 Signature of local T.A.A.F. Representative \_\_\_\_\_ Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_

City Saginaw TX Zip 76131 Business Phone \_\_\_\_\_

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

12 Keller Basketball DIV III 13U G5  
 Region City Sport Division Team Name



Keller predators

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster

	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	Santiago Dhomolal	1350 N blue mound TX 76131	08/09/2012	[Signature]
All Divisions	Noel Costa	3416 yucca ave TX 76111	11/24/2011	[Signature]
All Divisions	Jordan Prelow	7217 little meadow Dr 76179	11/06/2011	[Signature]
All Divisions	Elias Perez	6941 bent spur Drive 76177	1/12/2012	[Signature]
All Divisions	William Kidd	217 little meadow 76131	10/08/2011	[Signature]
All Divisions	Jaydon Mason	420 Waterlinior	11/23/2011	[Signature]
All Divisions	Courtland Sabers	909 Paddington Dr. E	11/12/2011	[Signature]
All Divisions	Joshua mugisha	6312 eagle pier way	1/03/2012	John nerner
All Divisions	Peshiaz Johnson		3/7/2012	[Signature]
All Divisions				
Div I & II only				
Div I & II only				
Div II ONLY – pick up player				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Romas Dhomolal 1350 N blue mound Rd Saginaw TX 76131  
 Manager's Name (Print or type) Manager's Address (Print or type) City  
 Signature of Team Manager Home Phone Business Phone  
[Signature] 681-283-912  
 Email address: cdhomas12@yahoo.com Date: 1/13/2012  
 Signature of local T.A.A.F. Representative: \_\_\_\_\_ Signature of Region Director or Region Tournament Director (if applicable): \_\_\_\_\_

## Youth Basketball 7 and Under Co-ed - Bulls

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Cesar Garcia</a>	46	09/27/1979	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Kaine Tyler</a>	8	11/13/2017	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Small	Youth Small
2. <a href="#">Eli Rios</a>	8	10/20/2017	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Medium	Youth Medium
3. <a href="#">Daren Jones</a>	7	04/18/2018	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Small	Youth Small
4. <a href="#">Ilan Jackson</a>	7	05/18/2018	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Medium	Youth Medium
5. <a href="#">Jase Hart</a>	8	11/06/2017	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Small	Youth Small
6. <a href="#">Josiah Robinson</a>	8	11/10/2017	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Small	Youth Small
7. <a href="#">Zebedee Peters, III</a>	7	04/20/2018	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Medium	Youth Medium
8. <a href="#">Kyrie Arceneaux</a>	7	11/05/2018	954-801-9102	<a href="mailto:cgarcia2785@gmail.com">cgarcia2785@gmail.com</a>	Youth Small	Youth Small

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 7U Team Name Bulls

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
All Divisions	1. JOSE HART	3301 GULF Fwy 77508 Texas Crescent Moon Dr Hitchcock TX 77503	11/06/17	A. W. WITA
All Divisions	2. KYRIT ARGONAUUX	6506 Gelsler Crossing Lane Dickinson, TX 77539	11/5/18	K. M. T. S. S.
All Divisions	3. KYLEE TULLER	3700 4th Ave N Hitchcock TX 77503	11/10/19	L. R. K. T. G. L.
All Divisions	4. JUSTIAN ROBINSON	8117 White Ave Hitchcock TX 77503	04/18/18	[Signature]
All Divisions	5. DARTIN JONES	509 Waterford Rd Dobson TX 75008	10-20-17	[Signature]
All Divisions	6. ELI RIOS	8751 Fm 318 Rd E #603 League City 77573	11-20-18	[Signature]
All Divisions	7. ILYAN JACKSON	[Redacted]	[Redacted]	[Redacted]
All Divisions	8. ZEVORDE PETERS	[Redacted]	[Redacted]	[Redacted]
All Divisions	9. [Redacted]	[Redacted]	[Redacted]	[Redacted]
All Divisions	10. [Redacted]	[Redacted]	[Redacted]	[Redacted]
Div I & II only	11. [Redacted]	[Redacted]	[Redacted]	[Redacted]
Div I & II only	12. [Redacted]	[Redacted]	[Redacted]	[Redacted]
<b>Div II ONLY - pick up player</b>				

**TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.**

Manager's Name (Print or type) Darrell Jones Signature of Team Manager [Signature] Email address Darrell@FadedUniversity.com 01-20-20 Date 01-20-20

Manager's Address (Print or type) 8117 White Ave Hitchcock, TX Home Phone 281-876-7367 Signature of local T.A.A.F. Representative [Signature] Signature of Region Director or Region Tournament Director (if applicable) [Signature]

City Zip City Zip Business Phone

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)



1 Texas city Basketball Pistons 7u  
**Region** **City** **Sport** **Team Name**

**NOTE:** 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster

	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. Chance Vigier		05/16/2019	kirk m greene
All Divisions	2. Deon Ellis		07/11/2018	kirk m greene
All Divisions	3. Kreshon Erving		08/31/2018	kirk m greene
All Divisions	4. Jionni Ford		08/24/2018	kirk m greene
All Divisions	5. Legend James		09/21/2018	kirk m greene
All Divisions	6. Malachi Smith		04/13/2018	kirk m greene
All Divisions	7. Kaine Tyler		11/11/2017	kirk m greene
All Divisions	8. Carter Reyes		10/07/2018	kirk m greene
All Divisions	9.			kirk m greene
All Divisions	10.			kirk m greene
Div I & II only	11.			kirk m greene
Div I & II only	12.			kirk m greene
<b>Div II ONLY – pick up player</b>				<b>kirk m greene</b>

**TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.**

**Kirk M Greene**

Manager's Name (Print or type)

**1410 2nd Ave N**

Manager's Address (Print or type)

**Texas City**

City

Signature of Team Manager

**409-941-9413**

Home Phone

**77590**

Business Phone

kirk\_greene@yahoo.com

Email address

03/12/2026

Date

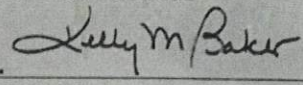
Signature of local T.A.A.F. Representative

Signature of Region Director or Region  
Tournament Director (if applicable)

# CERTIFICATE OF LIVE BIRTH

STATE OF OKLAHOMA-DEPARTMENT OF HEALTH

STATE FILE NO 135- 2018-034765

1. CHILD'S NAME (First, Middle, Last, Suffix) <b>LEGEND PAUL JAMES</b>		2. DATE OF BIRTH (Month, Day, Year) <b>SEPTEMBER 21, 2018</b>	3. TIME OF BIRTH <b>13:11</b>	4. SEX <b>MALE</b>
5a. FACILITY NAME (If not institution, give street and number) <b>MERCY HEALTH CENTER</b>		6. CITY, TOWN OR LOCATION OF BIRTH <b>OKLAHOMA CITY</b>	7. COUNTY OF BIRTH <b>OKLAHOMA</b>	
5b. PLACE WHERE BIRTH OCCURRED (Check one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Clinic/Dr's Office <input type="checkbox"/> Home Birth => Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) _____				
8a. ATTENDANT'S NAME AND TITLE NAME: <b>DARREN W GOFF</b> TITLE: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		8b. ATTENDANT'S MAILING ADDRESS Street & Number or Rural Route: <b>4140 W MEMORIAL ROAD, STE 215</b> City or Town: <b>OKLAHOMA CITY</b> State: <b>OK</b> Zip: <b>73120</b>		9. STATE REGISTRAR'S SIGNATURE 
10. DATE FILED WITH STATE REGISTRAR (Month, Day, Year) <b>SEPTEMBER 26, 2018</b>				
11a. CERTIFIER'S NAME AND TITLE NAME: <b>LAUREN ANDERSON</b> TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) <b>BIRTH CLERK</b>				11b. DATE CERTIFIED (Month, Day, Year) <b>SEPTEMBER 26, 2018</b>
12a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) <b>EDNA MANIQUE JAMES</b>		12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE <b>TRAVIS</b>	12c. MOTHER'S DATE OF BIRTH (Month, Day, Year) <b>APRIL 08, 1987</b>	12d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country) <b>OKLAHOMA</b>
13. MOTHER'S RESIDENCE ADDRESS Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown County: <b>OKLAHOMA</b> Street & Number: <b>11906 SHADY TRAIL LANE</b> Apartment Number: _____ City: <b>OKLAHOMA CITY</b> State: <b>OK</b> Zip Code: <b>73120</b>				
14. MOTHER'S MAILING ADDRESS <input checked="" type="checkbox"/> Same as Residence County: _____ Street & Number: _____ Apartment Number: _____ City: _____ State: _____ Zip Code: _____				
15a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) <b>ANTHONY PAUL JAMES</b>		15b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE <b>JAMES</b>	15c. FATHER'S DATE OF BIRTH (Month, Day, Year) <b>JANUARY 14, 1986</b>	15d. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country) <b>TEXAS</b>
16a. Permission given to provide Social Security Administration with necessary birth information to issue a Social Security Number? <b>Yes</b>				
16b. Permission given to provide Oklahoma State Department of Health registries (such as Newborn Screening and Immunization) with information necessary to protect and promote the health of Oklahoma citizens? <b>Yes</b>				

Thursda

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY

FILE NO. 194167-2018

NAME: DEON PRYNCETON ELLIS

SEX: MALE

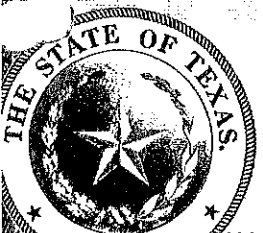
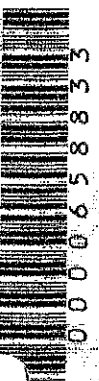
DATE OF BIRTH: 07-11-2018

PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER: DAVON LEON ELLIS

MOTHER: VICTORIA SHAQUEEN HENDERSON

DATE FILED: 07-12-2018 I

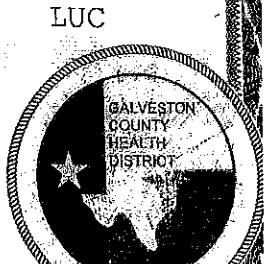


This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Jun 28 2023



*Alma Garcia*  
Alma Cazaros Garcia  
Local Registrar



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STATE OF TEXAS  
CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY

FILE NO. 248529-2018

NAME: KRESHON DION IRVING

SEX: MALE

DATE OF BIRTH: 08-31-2018

PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER:

MOTHER: KRISTANDRA CHELSEA IRVING

DATE FILED: 09-07-2018

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY

FILE NO. 256369-2018

NAME: JIONNI KING FORD

SEX: MALE

DATE OF BIRTH: 08-24-2018

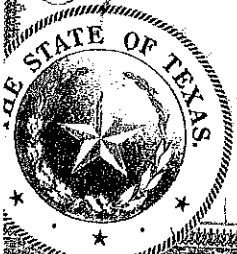
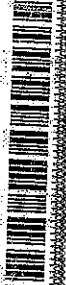
PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER: JERALD DEWAYNE FORD

MOTHER: ROKISHA LASHELL THORNS

DATE FILED: 09-10-2018

0000640330



This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Aug 01 2022

*Alma Gazares Garcia*  
Alma Gazares Garcia  
Local Registrar



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**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**GALVESTON COUNTY**

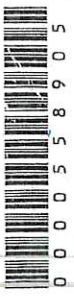
**STATE OF TEXAS**

**CERTIFICATE OF BIRTH**

**BIRTH NUMBER**

1. Child's Name First: <b>KAINE</b> Middle: <b>JAYCEON</b> Last: <b>TYLER</b> Suffix:			2. Date of Birth (mm/dd/yyyy) <b>11/13/2017</b>	3. Sex <b>MALE</b>
4a. Place of Birth - County <b>GALVESTON</b>		4b. City or Town (If outside city limits, give precinct no.) <b>LEAGUE CITY</b>		5. Time of Birth <b>17:46</b>
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) <b>UTMB HEALTH LEAGUE CITY CAMPUS</b>		
8a. Attendant's Name, NPI and Mailing Address <b>KIMBERLYN ROBINSON</b> <b>2240 GULF FREEWAY SOUTH LEAGUE CITY, TEXAS 77573</b>		9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated.  <b>JULIA SOLIS</b> <b>11/22/2017</b> <i>Signature and Title</i> <i>Date Signed</i>		
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator / Designee <input checked="" type="checkbox"/> Other (Specify): <b>DIRECTOR HIM</b>		
10. Mother's Name Prior to First Marriage First: <b>JESSICA</b> Middle: <b>NICOLE</b> Last: <b>HUBBARD</b>			11. Date of Birth (mm/dd/yyyy) <b>07/23/1989</b>	12. Birthplace (State, Territory or Foreign Country) <b>TEXAS</b>
13a. Residence - State <b>TEXAS</b>		13b. County <b>GALVESTON</b>		13c. City, Town or Location <b>GALVESTON</b>
13d. Street Address or Rural Location <b>1106 BAYOU CIR</b>		13e. Zip Code <b>77551-4311</b>		
13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address. <input checked="" type="checkbox"/> Same As Residence, or:		
15. Father's Name Prior to First Marriage First: <b>LEKEITH</b> Middle: <b>LYNELL</b> Last: <b>TYLER</b> Suffix:			16. Date of Birth (mm/dd/yyyy) <b>06/01/1989</b>	17. Birthplace (State, Territory or Foreign Country) <b>TEXAS</b>
18a. Local File Number <b>02-5273</b>		18b. Date Received by Local Registrar <b>11/27/2017</b>		18c. Signature of Local Registrar <i>Alma Cazares Garcia</i>

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000. 343305



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED **FEB 27 2018**

*Alma Cazares Garcia*  
Alma Cazares Garcia  
Local Registrar



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

70 Williams

CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY

**STATE OF TEXAS** **CERTIFICATE OF BIRTH** **BIRTH NUMBER**

1. Child's Name <b>CARRIER</b>		2. Date of Birth <b>10/07/2010</b>		3. Sex <b>MALE</b>	
4. Place of Birth - County <b>GALVESTON</b>		5. City or Town (If a Child of a Foreign Birth, give country and city) <b>LEAGUE CITY</b>		6. Time of Birth <b>10:40</b>	
7a. Place of Birth - City or Town (If a Child of a Foreign Birth, give country and city) <b>GALVESTON</b>		7b. County - State, Town, Precinct, and Range <b>SINGLE</b>		7c. Date of Birth <b>10/07/2010</b>	
8. Home Address (Place of residence at home) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify) <b>UTMB HEALTH LEAGUE CITY CAMPUS</b>		9. Address of Birth (Place of residence at the place and time of birth) <b>2240 GULF FREEWAY SOUTH SUITE 2401 LEAGUE CITY, TEXAS 77573</b>			
10. <input type="checkbox"/> NO <input type="checkbox"/> CO <input type="checkbox"/> CAN <input type="checkbox"/> MEX <input type="checkbox"/> Other (Specify) <b>ERIN NICOLE JORGENSEN</b>		11. <input type="checkbox"/> Absentee <input type="checkbox"/> Family Interceptor / Designee <input type="checkbox"/> Court (Specify) <b>YASANA SALINAS</b>			
12. Mother's Name Prior to First Marriage <b>GABRIELLA</b>		13. Date of Birth <b>11/22/2002</b>		14. Birthplace (State, Territory or Foreign Country) <b>TEXAS</b>	
15. Residence - State <b>TEXAS</b>		16. City, Town or Locality <b>GALVESTON</b>		17. Street Address or Rural Location <b>LA MARQUE 2701 VIRGINIA STREET</b>	
18. Zip Code <b>77568-3833</b>		19. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>77568-3833</b>		20. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>77568-3833</b>	
21. Father's Name Prior to First Marriage <b>ERIC</b>		22. Date of Birth <b>12/23/2000</b>		23. Birthplace (State, Territory or Foreign Country) <b>TEXAS</b>	
24. Local File Number <b>02-4858</b>		25. Date Received by Local Registrar <b>10/18/2010</b>		26. Signature of Local Registrar <i>Alma Duran</i>	

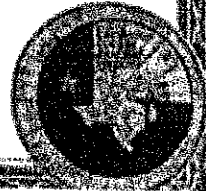
VS-013 MAY 2009 REVISED THE PENALTY FOR KNOWINGLY FALSIFYING A PUBLIC STATISTICAL RECORD IN THIS FORM CAN BE 5-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000 297568



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ISSUED NOV 07 2010

*Alma Duran*  
Alma Duran, Clerk  
Local Registrar



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## Youth Basketball 7 and Under Co-ed - Pistons 2.0

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Kirk marlo greene</a>	62	03/21/1963	409-939-8720	kirk_greene@yahoo.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Giovanni Angel Perez</a>	6	03/06/2019	409-771-9528	Lperez597@aol.com	Youth Small	Youth Small
2. <a href="#">Chance Vigier</a>	8	01/11/2018	409-771-1229	Dadytrey@gmail.com	Youth Small	Youth Small
3. <a href="#">Aeson Cromer</a>	6	05/22/2019	409-739-3951	kristin.cromer@yahoo.com	Youth Small	Youth Small
4. <a href="#">Joe Isaac LaFuente, Jr</a>	5	03/27/2020	832-629-7038	joe.lafuente.jr@gmail.com	Youth Small	Youth Small
5. <a href="#">Micah Laster</a>	6	05/16/2019	409-789-7998	bbsitts92@gmail.com	Youth Small	Youth Small
6. <a href="#">Kooper Dean Abernathy</a>	6	07/16/2019	832-880-9235	taylorlene@gmail.com	Youth Small	Youth Small
7. <a href="#">Justin Lane Talley</a>	6	05/14/2019	832-570-9577	JuTalley89@gmail.com	Youth Small	Youth Small
8. <a href="#">Kai Oliver</a>	7	03/07/2018	409-795-0203	lenajestine2016@icloud.com	Youth Small	Youth Small
9. <a href="#">Demi Reiauna Hardy</a>	7	03/22/2018	409-692-7946	elle235elle@gmail.com	Youth Small	Youth Small
10. <a href="#">Fernando Antunez, Jr</a>	6	09/21/2019	409-795-1282	htr1993@gmail.com	Youth Small	Youth Small
11. <a href="#">Kyr'Dn Davis</a>	7	09/28/2018	409-996-8542	lilkwdable@gmail.com	Youth Large	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

1 1 Region Texas city City Basketball Sport 14 Division Pistons 7u 2.0 Team Name

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
All Divisions	1. Kooper Abernathy	1410 2nd Ave	07/16/2019	<i>[Signature]</i>
All Divisions	2. Fernando Antunez Jr	" "	09/21/2019	<i>[Signature]</i>
All Divisions	3. Aeson Cromer	" "	05/22/2019	<i>[Signature]</i>
All Divisions	4. Kyn'Dn Davis	" "	09/28/2018	<i>[Signature]</i>
All Divisions	5. Demi Reiauna	" "	03/22/2018	<i>[Signature]</i>
All Divisions	6. Micah Laster	" "	05/16/2019	<i>[Signature]</i>
All Divisions	7. Issac Lefunte Jr	" "	03/27/2020	<i>[Signature]</i>
All Divisions	8. Kai Oliver	" "	03/07/2018	<i>[Signature]</i>
All Divisions	9. Giovanni Perez	" "	03/06/2019	<i>[Signature]</i>
All Divisions	10. Justine Talley	" "	05/14/2019	<i>[Signature]</i>
Div I & II only	11. Chance Vigier	1410 2nd Ave	01/11/2018	<i>[Signature]</i>
Div I & II only	12.			
<b>Div II ONLY - pick up player</b>				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Kirk M Greene  
 Manager's Name (Print or type) Kirk M Greene Email address kirk\_greene@yahoo.com Date 01/15/2026  
 Manager's Address (Print or type) 1410 2nd Ave N Home Phone 409-941-9413 Signature of local T.A.A.F. Representative [Signature]  
 Manager's Address (Print or type) Texas City Zip 77590 Business Phone \_\_\_\_\_ Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_

## Youth Basketball 7 and Under Co-ed - Lakers

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Adrian Villarreal</a>	28	09/26/1997	409-334-3644	adrian.vrreal0405@gmail.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">GaCobe Dwayne hamilton</a>	7	02/13/2019	409-270-8603	ljones2018@yahoo.com	Youth Small	Youth Small
2. <a href="#">King kieland Sumlin</a>	7	10/03/2018	832-812-9261	kensum01@gmail.com	Youth Small	Youth Small
3. <a href="#">Caden Hall</a>	6	11/28/2019	409-739-3425	jasmyroutt28@mail.com	Youth Small	Youth Small
4. <a href="#">Zion Davis</a>	7	06/10/2018	409-354-9946	Danielsannette34@gmail.com	Youth Small	Youth Small
5. <a href="#">Elijah Pant</a>	6	08/08/2019	512-762-0975	jpaf73@gmail.com	Youth Small	Youth Small
6. <a href="#">Antonio Villarreal</a>	7	02/02/2019	409-334-3644	adrian.vrreal0405@gmail.com	Youth Small	Youth Small
7. <a href="#">Brylen Porter</a>	5	07/05/2020	409-771-3761	Moniqueb04@yahoo.com	Youth Small	Youth Small
8. <a href="#">Joseph Milnord Museau</a>	6	04/16/2019	409-465-5992	museaujoseph13@gmail.com	Youth Small	Youth Small



## Youth Basketball 7 and Under Co-ed - Warriors

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Micheal Evans</a>			409-256-8616	mikewar@yahoo.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Maverick Carter Brooks</a>	6	09/14/2019	409-392-8804	bre_700@yahoo.com	Youth Small	Youth Small
2. <a href="#">Breeze Pickens</a>	7	05/20/2018	409-229-6845	crystallrtt@gmail.com	Youth Small	Youth Small
3. <a href="#">doriyan payton</a>			832-695-9680	sherryfranklin1966@gmail.com	Youth Small	Youth Small
4. <a href="#">Patrick Jaeger</a>	7	11/18/2018	409-996-1152	lnjaeger@yahoo.com	Youth Medium	Youth Medium
5. <a href="#">remi dayvon mason</a>	5	08/09/2020	409-599-1973	george.armani@yahoo.com	Youth Small	Youth Small
6. <a href="#">Dyson Handy</a>	7	07/17/2018	409-457-5243	lee.jameisha@yahoo.com	Youth Small	Youth Small
7. <a href="#">Gentree Goodwin</a>	7	10/17/2018	409-916-2225	kayla.soliz03@gmail.com	Youth Small	Youth Small
8. <a href="#">zayden Walker</a>	6	09/03/2019	409-370-5995		Youth Small	Youth Small
9. <a href="#">Gavin Hale</a>	7	08/18/2018	832-445-7827	amanda_daigle@icloud.com	Youth Medium	Youth Medium
10. <a href="#">karter dent</a>	8	02/08/2018	832-834-8591	sharonbrocks813@gmail.com	Youth Medium	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form - YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 712 Team Name WHEELERS

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III - no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. Gavin Hale	2536 33rd Ave N Texas City TX 77590	8-18-18	[Signature]
All Divisions	2. Dyson Handy	1919 13th Ave. N#244 Texas City, TX 77590	7-17-18	[Signature]
All Divisions	3. Brezee Pickens	4500 E. Inwood F. Lewis TX 77591 Apt 403 Texas City, TX 77591	5-20-18	[Signature]
All Divisions	4. Dorian Parton	223 10th Ave NE Texas City TX 77591	7-12-19	[Signature]
All Divisions	5. Waymon & Bonds		9-14-19	[Signature]
All Divisions	6. Patrick Jaeger		11-18-18	[Signature]
All Divisions	7. Kemi D. Mason		8-9-20	[Signature]
All Divisions	8. Centre Goodwin		10-17-18	[Signature]
All Divisions	9. Raydon Walker	2005 Brant St. Llanorque, TX 77568	9-03-19	[Signature]
All Divisions	10. Ryker Dent		2-08-18	[Signature]
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY - pick up player</b>				

**TEAM/MANAGER'S GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Michael Evans Signature of Team Manager [Signature] Email address Mikeevans@ yahoo.com Date 1-15-21

Manager's Address (Print or type) 105 N. Hays Howard Home Phone 409 256 8616 Signature of local T.A.A.F. Representative [Signature] Tournament Director (if applicable)

City Texas City Zip 77591 Business Phone 409 877-9703

## Youth Basketball 9 and Under - Heat

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Micheal Evans</a>			409-256-8616	<a href="mailto:mikewar@yahoo.com">mikewar@yahoo.com</a>		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Cameron Brown</a>	8	09/17/2017	346-303-1249	<a href="mailto:katiemg121297@yahoo.com">katiemg121297@yahoo.com</a>	Youth Small	Youth Small
2. <a href="#">Landon Grant</a>	8	02/12/2018	573-355-6576	<a href="mailto:annalinzie8@gmail.com">annalinzie8@gmail.com</a>	Youth Small	Youth Small
3. <a href="#">Maxton Williams</a>	8	08/21/2017	409-795-1633	<a href="mailto:hjloggins@yahoo.com">hjloggins@yahoo.com</a>	Youth Small	Youth Small
4. <a href="#">Messiah Lejohn Dillon</a>	9	09/18/2016	409-392-5359	<a href="mailto:MichelleDillon409@att.net">MichelleDillon409@att.net</a>	Youth Small	Youth Small
5. <a href="#">Adrian Gills, Jr</a>	8	08/03/2017	409-256-8616	<a href="mailto:mikewar@yahoo.com">mikewar@yahoo.com</a>	Adult Medium	Adult Medium
6. <a href="#">Lyndon Agan</a>	9	08/10/2016	737-294-9799	<a href="mailto:laceybayreuther@gmail.com">laceybayreuther@gmail.com</a>	Youth Large	Youth Medium
7. <a href="#">cayden walker</a>	9	05/10/2016	409-256-8616		Adult Medium	Adult Medium
8. <a href="#">grayson dotson</a>	9	08/22/2016	346-434-0266	<a href="mailto:aprilidotsonjeffries000@gmail.com">aprilidotsonjeffries000@gmail.com</a>	Youth Large	Youth Large



## Youth Basketball 9 and Under - Lakers

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Kenneth Xavier Sumlin</a>	44	07/14/1981	832-812-9261	kensum01@gmail.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">kyrin perry sumlin</a>	10	11/24/2015	832-812-9261	kensum01@gmail.com	Youth Medium	Youth Medium
2. <a href="#">Carson Amare Smith</a>	9	06/06/2016	409-225-7197	julielaralde@gmail.com	Youth Large	Youth Large
3. <a href="#">Wyatt Schofield</a>	10	11/10/2015	409-996-1722	hgetty65@gmail.com	Youth Large	Youth Large
4. <a href="#">Jayceon Miller</a>	8	09/28/2017	713-256-9761	gabrielle.peterson06@gmail.com	Youth Medium	Youth Medium
5. <a href="#">Kobe mcnair</a>	9	12/05/2016	832-989-3250	sexblack2023@gmail.com	Youth Small	Youth Small
6. <a href="#">Ryan Hardaway</a>	10	01/20/2016	409-996-1805	stg228@gmail.com	Youth Large	Youth Large
7. <a href="#">Kyle Kennedy</a>	9	10/06/2016	409-996-1805	stg228@gmail.com	Youth Medium	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division Gu Team Name Lakers

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
1. Kipino Somino	1412 Rosales St Comanche TX	11-24-2015	<i>[Signature]</i>
2. Kobe McElair	1913 1st Ave N Texas City TX	12-05-2010	<i>[Signature]</i>
3. Carson Smith	1918 4th Ave N TC, TX	06-06-16	<i>[Signature]</i>
4. Ryan Hirdaway	6305-1 Amie Lane Pearland TX	1-20-10	<i>[Signature]</i>
5. <del>James</del> Kyle Kowdy	800 East <del>300</del> 300th St Alvin TX	10-6-2010	<i>[Signature]</i>
6. Wyatt Schofield	1610 33rd St N. Apt D Texas City	11-10-2015	<i>[Signature]</i>
7. <del>Shy</del> Cameron Miller	3528 Sun Meadows	01/28/2017	<i>[Signature]</i>
8. All Divisions			
9. All Divisions			
10. All Divisions			
11. Div I & II only			
12. Div I & II only			
Div II ONLY – pick up player			

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Adrian Villarreal Signature of Team Manager *[Signature]* Email address adrian.vrreal@yosca@gmail.com Date 1/15/20  
 Manager's Address (Print or type) 2717 3rd ave N Home Phone 409-334-3644 Signature of local T.A.A.F. Representative *[Signature]* Signature of Region Director or Region Tournament Director (if applicable) *[Signature]*  
 City Texas City Zip 77590 Business Phone \_\_\_\_\_

## Youth Basketball 9 and Under - Pistons

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Jerald Ford</a>			281-508-2144	<a href="mailto:gerald.ford1967@yahoo.com">gerald.ford1967@yahoo.com</a>		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Deyvn Anthony Garcia</a>	9	10/28/2016	409-750-3885	<a href="mailto:mlgarcialaw6@gmail.com">mlgarcialaw6@gmail.com</a>	Youth Medium	Youth Medium
2. <a href="#">Stanlee Dewayne Young</a>	9	05/31/2016	409-692-7946	<a href="mailto:elle235elle@gmail.com">elle235elle@gmail.com</a>	Youth Large	Youth Large
3. <a href="#">Levi Skinner</a>	9	01/20/2017	713-865-0766	<a href="mailto:skinnerlinzy@gmail.com">skinnerlinzy@gmail.com</a>	Youth Medium	Youth Medium
4. <a href="#">Jaxon Tucker</a>	9	09/21/2016	409-916-1842	<a href="mailto:amberseeton13@gmail.com">amberseeton13@gmail.com</a>	Youth Medium	Youth Medium
5. <a href="#">Ethan Thomas Pheanis</a>	9	02/16/2017	409-256-2425	<a href="mailto:jimney2404@yahoo.com">jimney2404@yahoo.com</a>	Youth Large	Youth Large
6. <a href="#">Carron Johns</a>	8	06/14/2017	409-502-0432	<a href="mailto:j1johns@utmb.edu">j1johns@utmb.edu</a>	Youth Large	Youth Large
7. <a href="#">Leonard Tottenham</a>	7	03/15/2018	409-457-6196		Youth Small	Youth Small
8. <a href="#">De'Eric Garrett</a>	8	11/15/2017	409-354-4435	<a href="mailto:deericg2017@gmail.com">deericg2017@gmail.com</a>	Youth Small	Youth Small

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

1 Region Texas city City Basketball Sport 9u Division Pistons 9u Team Name

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
All Divisions	1. Devyn Garcia	1410 2nd Ave N	10/28/2016	[Signature]
All Divisions	2. De'Eric Garrett	11	11/15/2017	[Signature]
All Divisions	3. Camron Johns	11	06/14/2017	[Signature]
All Divisions	4. Ethan Thomas	11	02/15/2017	[Signature]
All Divisions	5. Levi Skinner	11	01/20/2017	[Signature]
All Divisions	6. Leonard Tottenham	11	03/15/2018	[Signature]
All Divisions	7. Jaxon Tucker	11	09/21/2016	[Signature]
All Divisions	8. Stanlee Young	11	05/31/2016	[Signature]
All Divisions	9.			
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY - pick up player</b>				

**TEAM MANAGER'S GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

Kirk M Greene  
 Manager's Name (Print or type) Signature of Team Manager  
 1410 2nd Ave N 409-941-9413  
 Manager's Address (Print or type) Home Phone  
 Texas City 77590 Business Phone  
 City Zip  
 Signature of local T.A.A.F. Representative Kirk\_greene@yahoo.com  
 Email address 01/15/2026  
 Date [Signature]  
 Signature of Region Director or Region Tournament Director (if applicable)

## Youth Basketball 9 and Under - Warriors

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">derrick bernard</a>	33	04/08/1992	409-965-7851	derrickbernard21@gmail.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">GRANT DOCKALL</a>	9	10/01/2016	409-761-0355	taylordockall@gmail.com	Adult Small	Adult Small
2. <a href="#">Josiah Crockett</a>	9	10/13/2016	409-526-6265	brittany.waters18@yahoo.com	Youth Small	Youth Small
3. <a href="#">Jamison Clement</a>	8	06/29/2017	214-909-0263	chloejcallison@yahoo.com	Youth Medium	Youth Medium
4. <a href="#">Logan Hunter</a>	8	10/07/2017	409-944-8974	Joyh51904@gmail.com	Youth Medium	Youth Medium
5. <a href="#">Rashaad Johnson</a>	9	11/28/2016	404-444-0188	arthurjohnson06@gmail.com	Youth Medium	Youth Medium
6. <a href="#">Arthur Johnson, IV</a>	9	11/28/2016	404-444-0188	arthurjohnson06@gmail.com	Youth Medium	Youth Medium
7. <a href="#">phoenix Bernard</a>	8	06/16/2017	409-965-7851	derrickbernard21@gmail.com	Youth Small	Youth Small
8. <a href="#">Michael Simmons, III</a>	8	04/16/2017	409-457-2960	mikesimms416@gmail.com	Youth Medium	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division Jr 9u Team Name Warriors

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



All Divisions	Print or Type Player's Name	Bona fide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
All Divisions	1. Josiah Crockett	1614 13th Ave N, Texas City, TX 77590	10/13/16	Beth Ann Mat
All Divisions	2. Jamison Clement	3214 Primrose Drive Texas City, TX 77591	6/29/17	[Signature]
All Divisions	3. Arthur Johnson	19206 Neumann St Texas City Texas 77510	11/25/2016	Arthur Johnson
All Divisions	4. Robert Johnson	Texas City Texas 77510	11/28/2016	Arthur Johnson
All Divisions	5. Michael Simons	3525 112th Street N 7500 Emmett F. Lowry Expwy HPT 1204 TX City TX 77591	4/16/17	[Signature]
All Divisions	6. Logan Hunter	7500 Emmett F. Lowry Expwy HPT 1204 TX City TX 77591	11-17-13	Loet Hunter
All Divisions	7. Phoenix Bernard	941 Stetler Hill Lane, Kammeretk Texas City TX 77591	9-6-78	Phoenix Bernard
All Divisions	8. Grant Doucail	1020 11th Ave North Texas City TX 77590	10/01/2016	Thyrn Doucail
All Divisions	9.			
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY – pick up player</b>				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Howard Bernard Signature of Team Manager [Signature]  
 Manager's Address (Print or type) 3185 Fulton St Home Phone 409-443-1935  
 City Texas City, TX Zip 77591 Business Phone \_\_\_\_\_  
 Signature of local T.A.A.F. Representative Howard Bernard hbernard1@gmail.com Date 1/5/2016  
 Signature of Region Director or Region Tournament Director (if applicable) [Signature]

## Youth Basketball 9 and Under - Bulls

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">James Roberts Jr.</a>			903-519-5431	<a href="mailto:jim.roberts69@me.com">jim.roberts69@me.com</a>		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Wiley Coleman</a>	9	03/20/2016	409-457-3668	<a href="mailto:cristantor@yahoo.com">cristantor@yahoo.com</a>	Youth Medium	Youth Medium
2. <a href="#">Kayden James Abernathy</a>	9	08/09/2016	832-880-9235	<a href="mailto:taylorlene@gmail.com">taylorlene@gmail.com</a>	Youth Small	Youth Small
3. <a href="#">Cooper McNeil</a>	8	02/18/2017	409-256-0731	<a href="mailto:lisa_mcneil13@ymail.com">lisa_mcneil13@ymail.com</a>	Youth Small	Youth Small
4. <a href="#">Kasian Jamal Jackson</a>	8	08/13/2017	409-739-8724		Youth Medium	Youth Medium
5. <a href="#">Jennings R Feldmann</a>	7	04/18/2018	985-352-1478	<a href="mailto:juliroberts24@me.com">juliroberts24@me.com</a>	Youth Small	Youth Small
6. <a href="#">Brooks James Feldmann</a>	9	06/18/2016	985-352-1478	<a href="mailto:juliroberts24@me.com">juliroberts24@me.com</a>	Youth Medium	Youth Medium
7. <a href="#">osman jafeth hernandez</a>	9	03/14/2016	831-539-1021	<a href="mailto:maylhb1514@gmail.com">maylhb1514@gmail.com</a>	Adult XL	Adult XL
8. <a href="#">Zion Williams</a>	8	11/11/2017	512-468-2033	<a href="mailto:jordan.williams@utexas.edu">jordan.williams@utexas.edu</a>	Youth Medium	Youth Small

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 9U Team Name BULL

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
1. BROOKS FEIDMAN	2508 23rd Ave N Texas City TX 77596	06/18/16	<i>[Signature]</i>
2. JENNINGS FELDMAN	2508 23rd Ave N Texas City TX 77596	04/18/18	<i>[Signature]</i>
3. KAYDEN ABERNATHY	3109 Royal ABERNATHY TX City, TX 77596	08/09/2016	<i>[Signature]</i>
4. ZIBEN WILLIAMS	5 TRINITY St. LA. MARQUE TX	11/11/2017	<i>[Signature]</i>
5. WILEY COLEMAN	2442 29th Ave N. Texas City TX 77596	03/20/2016	<i>[Signature]</i>
6. COOPER McNEIL	1413 28th Ave N TX City TX 77596	02/18/2017	<i>[Signature]</i>
7. KASIAN JACKSON	1217 4th Ave South Texas City, Texas 77596	08/13/2017	<i>[Signature]</i>
8. OSMAN HERNANDEZ	1611 Pimanspar dr. TX 77596	03/14/2016	<i>[Signature]</i>
9. All Divisions			
10. All Divisions			
11. Div I & II only			
12. Div I & II only			
<b>Div II ONLY - pick up player</b>			

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Jim Roberts Signature of Team Manager *[Signature]* Email address \_\_\_\_\_ Date 1/27/26  
 Manager's Address (Print or type) 2508 23rd Ave N Home Phone \_\_\_\_\_ Signature of local T.A.A.F. Representative \_\_\_\_\_  
 City Texas City TX Zip 77590 Business Phone \_\_\_\_\_

## Youth Basketball 9 and under Girls - Lady Heat

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">vanessa.garate</a>	8	09/28/2017	281-515-6469	vgallardo.strealtly@gmail.com	Youth Small	Youth Small
2. <a href="#">MIA.GARATE</a>	9	06/21/2016	281-515-6469	vgallardo.strealtly@gmail.com	Youth Large	Adult Small
3. <a href="#">Jasmine Truong</a>	8	10/13/2017	713-535-0491	iace.ktruong@gmail.com	Youth Small	Youth Small
4. <a href="#">Bella Williams</a>	9	04/26/2016	409-795-1633	hljogins@yahoo.com	Youth Small	Youth Small
5. <a href="#">Aviana Dimas</a>	10	01/02/2016	409-934-1884	miriam.h1121@gmail.com	Youth Small	Youth Small
6. <a href="#">Micaela Reyes</a>	9	03/28/2016	409-974-6544	maareyes@utmb.edu	Adult Small	Youth Large
7. <a href="#">Layla Nicole Salter</a>	10	01/19/2016	409-539-4599	salterlonnie9@gmail.com	Youth Small	Youth Small

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 95/100s Team Name Lady Heat

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. <u>Vanessa Barate</u>		<u>9/28/17</u>	
All Divisions	2. <u>Mia Barate</u>		<u>06/21/16</u>	
All Divisions	3. <u>Bella Williams</u>		<u>04/26/16</u>	
All Divisions	4. <u>Ariana Dimas</u>			
All Divisions	5. <u>Michaela Keys</u>		<u>03/22/16</u>	
All Divisions	6. <u>Lavieal Salter</u>		<u>01/19/16</u>	
All Divisions	7. <u>Jasmine Truong</u>	<u>4001 79th St. N Texas City, TX 77510</u>	<u>10-13-2012</u>	
All Divisions	8. <u>Ariana Dimas</u>		<u>1-2-16</u>	
All Divisions	9.			
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY – pick up player</b>				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Michael Evans Signature of Team Manager Michael Evans Email address Mikeevans@yahoo.com Date 1/15/20

Manager's Address (Print or type) 1195 N. Westward Home Phone (409) 256-8216 Signature of local T.A.A.F. Representative Pete McLawrence

City Texas City Zip 77551 Business Phone (409) 877-9263 Tournament Director (if applicable)

## Youth Basketball 9 and under Girls - Lady Warriors

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <u>Journei Daniels</u>	10	12/06/2015	214-730-1754	kourty12.95@gmail.com	Youth Small	Youth Small
2. <u>karter rose Bernard</u>	10	10/13/2015	409-965-7851	derrickbernard21@gmail.com	Youth Medium	Youth Medium
3. <u>Brielle Moore</u>	9	12/31/2016	832-686-2882	moore.st.b@gmail.com	Youth Medium	Youth Small
4. <u>Lillyana G Tobar</u>	10	01/18/2016	409-354-1454	yesseniaf09@gmail.com	Youth Large	Youth Large
5. <u>Emma Knight</u>	8	03/06/2017	713-253-1328	jimk122@aol.com	Youth Large	Youth Large
6. <u>Tramica K Thomas</u>	9	01/01/2017	832-849-7869	clarencethomas2009@yahoo.com	Youth Medium	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 Texas City City Basketball Sport 9U Division Warriors Team Name Lady

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



All Divisions	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
1.	Journai Daniels	929 Fitchur Hill Ct. La Marque Tx 77568	12-06-2015	[Signature]
2.	Brielle Moore	13701 Sabine Lake Dr Texas City TX 77568	12-31-2014	[Signature]
3.	Emms Knight	2536 13th Ave W Texas City TX 77550	03-06-2017	[Signature]
4.	Liliana Tabar	3419 Palm Ave Texas City TX 77550	11/18/16	[Signature]
5.	Karter Bernard	941 Fletcher Hill Ct La Marque Tx 77568	10/13/15	[Signature]
6.	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>
7.	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>
All Divisions	8.			
All Divisions	9.			
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY - pick up player</b>				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

**Donald Bernard**  
 Manager's Name (Print or type) \_\_\_\_\_ Signature of Team Manager \_\_\_\_\_  
941 Fletcher Hill Ct  
 Manager's Address (Print or type) \_\_\_\_\_ Home Phone 409-965-7851  
La Marque Tx 77568 \_\_\_\_\_ Zip \_\_\_\_\_  
 City \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Signature of local T.A.A.F. Representative \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_

## Youth Basketball 11 and under Girls - Lady Wizards

### Team Members

	Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1.	<u>Harper Gracia</u>	10	07/02/2015	409-692-8663	mtg383@gmail.com	Youth Medium	Youth Medium
2.	<u>Kennedi smith</u>	10	06/25/2015	501-326-1105	blessed2086@yahoo.com	Youth Large	Youth Large
3.	<u>Mila Oatis</u>	10	09/17/2015	409-419-2257	chaneldavis81@gmail.com	Adult Medium	Youth Large
4.	<u>Khloe Martinez</u>	11	07/08/2014	409-996-1251	Chrzt501@gmail.com	Adult Medium	Adult Medium
5.	<u>Alejandra Pereyda</u>	10	09/02/2015	409-258-8252	josepereyda56@gmail.com	Youth Large	Youth Large
6.	<u>everly Alessandra Gutierrez</u>	10	07/27/2015	409-466-7624	andreaagutierrez1193@gmail.com	Youth Large	Youth Large
7.	<u>Pearl Poehl</u>	11	06/12/2014	409-655-7052	kierstenelise.02@icloud.com	Youth Large	Youth Large
8.	<u>Payton Poehl</u>	10	10/24/2015	409-655-7052	kierstenelise.02@icloud.com	Adult Small	Adult Small
9.	<u>Ava L Trahan</u>	10	09/18/2015	409-682-0155	tamitam77@aol.com	Youth Medium	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 1U(5) Team Name Lady Sparks

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. <u>Khloe Martinez</u>	<u>7001 wetzel rd, Texas City, TX 77530</u>	<u>7/8/14</u>	<u>[Signature]</u>
All Divisions	2. <u><del>Anthony</del> Gutierrez</u>	<u>2114 18th ave TX Texas City TX 77590</u>	<u>7/27/15</u>	<u>[Signature]</u>
All Divisions	3. <u>Alexandra Perreuda</u>	<u>817 13th AVEN N. CITY Texas 77590</u>	<u>9/9/15</u>	<u>[Signature]</u>
All Divisions	4. <u>Happer Madala</u>	<u>2501 21st Ave N</u>	<u>7-2-15</u>	<u>[Signature]</u>
All Divisions	5. <u>Pearl Pechl</u>	<u>1510 14th St. N Texas City TX 77590</u>	<u>06/12/14</u>	<u>[Signature]</u>
All Divisions	6. <u>Peyton Pechl</u>	<u>1510 14th St. N Texas City TX 77590</u>	<u>10/24/15</u>	<u>[Signature]</u>
All Divisions	7. <u>Mika Datis</u>	<u>1014 Linden St Texas City TX 77590</u>	<u>9/17/15</u>	<u>[Signature]</u>
All Divisions	8. <u>Kennedi Smith</u>	<u>3700 9th North Apt 1112</u>	<u>10/25/15</u>	<u>[Signature]</u>
All Divisions	9. <u>Ava Trahan</u>	<u>4615 ave Pk/2 Texas City TX 77551</u>	<u>9/18/15</u>	<u>[Signature]</u>
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY - pick up player</b>				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Asheley Harper Signature of Team Manager [Signature] Email address hessed2080@cghoo Date 11/5/24  
 Manager's Address (Print or type) 3700 9th Ave North Apt 1112 Home Phone 501-326-1105 Signature of local T.A.A.F. Representative [Signature]  
 City Texas City Zip 77590 Business Phone \_\_\_\_\_

## Youth Basketball 9 and Under - Rockets

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Texas City Stings Youth Football</a>	48	08/23/1977	409-370-0298	mouton.dw0823@yahoo.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Cameron R Bradley</a>	9	04/02/2016	832-483-9352	bradleyroyln@gmail.com	Youth Large	Youth Medium
2. <a href="#">Keynon Muzquiz</a>	9	09/26/2016	409-392-3413	ashley.g.03@hotmail.com	Adult Large	Adult Small
3. <a href="#">Nixon Gage Flores</a>	9	09/13/2016	409-795-1533	marisavoight@yahoo.com	Youth Medium	Youth Medium
4. <a href="#">Klayton Thompson</a>	9	02/14/2017	409-927-6425	ncstelly@gmail.com	Youth Medium	Youth Medium
5. <a href="#">Khail Antonio Martins</a>	9	05/09/2016	832-869-0507	kymtheriot@gmail.com	Adult Small	Adult Small
6. <a href="#">Fisher Rodriguez</a>	8	10/26/2017	409-502-7061	rallindarodriguez@gmail.com	Youth Small	Youth Small
7. <a href="#">Isaiah Angel</a>	10	12/29/2015	409-354-2502	marcoangel_24@yahoo.com	Youth Small	Youth Small
8. <a href="#">Cruze Svante Castro</a>	9	01/26/2017	409-789-9117	candacecastro409@gmail.com	Youth Large	Youth Large

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 9U Team Name Rockets

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bona fide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. Cameron Bradley	8008 Silver Oak Dr Texas City, TX 77591	4/21/16	Radie Bradley
All Divisions	2. Keynon Muzquiz	1709 5th Ave North Texas City, TX 77590	9/26/16	Johnny Murgu
All Divisions	3. Klayton Thompson	604 Widgeon Texas City, TX 77590	2/14/17	M. Steed
All Divisions	4. Cruise Castro	1910 28th Ave N. Texas City, TX 77590	1/26/26	Carolee Castro
All Divisions	5. Isaac Angel	2311 30th Ave N Texas City, TX 77590	10/20/17	Pepe
All Divisions	6. Fisher Rodriguez	716 10th Ave N Texas City, TX 77590	5-9-2014	Phrend
All Divisions	7. Khalil Martins	9001 glacier ave Texas City, TX 77590		
All Divisions	8.			
All Divisions	9.			
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY - pick up player</b>				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Derrick Williams Signature of Team Manager [Signature]  
 Manager's Address (Print or type) 113 Patos Flint Dr Home Phone (409) 370-0245 Email address morton.dw@cc3@yahoo.com  
 City TX Zip 77568 Business Phone \_\_\_\_\_ Signature of local T.A.A.F. Representative \_\_\_\_\_  
 Date 10/20/17 Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_

# TEXAS AMATEUR ATHLETIC FEDERATION OFFICIAL TEAM ROSTER FORM - YOUTH BASKETBALL

Region 1 City Texas City Division 9u Team Name Thunder

**NOTE:** 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I + II - No more than 12 listed on roster; Division III - No more than 10 listed on roster

ALL DIVISIONS	PLAYER'S NAME	BONAFIDE RESIDENCE (STREET, CITY, STATE, ZIP)	DATE OF BIRTH	PARENT/GUARDIAN SIGNATURE
ALL DIVISIONS	1 Ryan Hall-Guidry	6029 Willis Circle Texas City TX 77591	3/20/17	A. Guidry
ALL DIVISIONS	2 Carter Hall-Guidry	6029 Willis Circle Texas City TX 77591	3/20/17	A. Guidry
ALL DIVISIONS	3 Chad Sanders Jr	948 Park Ridge Ct Lamarque TX 77568	9/8/2015	
ALL DIVISIONS	4 Brayden Jones	308 W Saunders St League City TX 77573	4/4/2017	
ALL DIVISIONS	5 Courtney Landry Jr	600 Peats Rd Apt E Dickinson TX 77539	6/22/2017	
ALL DIVISIONS	6 Ivan Castro	4126 Ave Santa Fe TX 77510	12/08/2016	
ALL DIVISIONS	7 Logan Veal	51 Middle Berardo La Marque TX 77568	3/23/14	
ALL DIVISIONS	8 Nathan Garcia	2409 Williams Drive Lamarque TX 77568	4/12/14	
ALL DIVISIONS	9 Jaiven Garcia	2409 Williams Drive Lamarque TX 77568	5/9/17	
ALL DIVISIONS	10 <del>Ryan Gray Sweeney</del>	<del>26 West Red Oak Dr Texas</del>	<del>11/24/2015</del>	
DIV I + II ONLY	11 Sincere Scales	307 Green Isle Ave Dallas TX 77591	1/20/2016	
DIV I + II ONLY	12 Trevon Ray Warren Jr	2423 20th Ave N Meyersdale TX 77590	11/15/2016	
DIV II ONLY PICK UP PLAYER				

**TEAM MANAGER'S GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name Cesar Garcia Signature of Team Manager [Signature] Date 3/11/2016  
 Home Phone 954-801-9102  
 Manager's Address 2409 Williams Dr  
Lamarque, TX 77568 Signature of Local TAAF Representative [Signature]  
 City, State, Zip Lamarque, TX 77568 Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_





CERTIFICATION OF BIRTH

STATE FILE NUMBER: 109-2016-860905 DATE FILED: April 13, 2016

CHILD'S INFORMATION

NAME: NATHAN JOSIAH GARCIA
DATE OF BIRTH: April 12, 2016 TIME OF BIRTH (24 HOUR): 0811
SEX: MALE BIRTH WEIGHT: 8 LBS 9 OZ
PLACE OF BIRTH: HOSPITAL
MEMORIAL HOSPITAL WEST
CITY, COUNTY OF BIRTH: PEMBROKE PINES, BROWARD COUNTY

MOTHER'S INFORMATION

NAME: ANABELL JANSEN
DATE OF BIRTH: October 31, 1982
BIRTHPLACE: DOMINICAN REPUBLIC

FATHER'S INFORMATION

NAME: CESAR ELPIDIO GARCIA
DATE OF BIRTH: September 27, 1979
BIRTHPLACE: DOMINICAN REPUBLIC

DATE ISSUED: October 31, 2016

Handwritten signature of the State Registrar

State Registrar

REQ: 2017524730

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DA FORM 1989 (03-15)

CERTIFICATION OF VITAL RECORD



\* 33570178 \*

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

**CERTIFICATION OF BIRTH**

STATE FILE NUMBER: 109-2017-075545      DATE FILED: May 10, 2017

**CHILD'S INFORMATION**

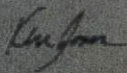
NAME: JAIVEN ALEXANDER GARCIA  
DATE OF BIRTH: May 9, 2017      TIME OF BIRTH (24 HOUR): 1136  
SEX: MALE      BIRTH WEIGHT: 6 LBS 11 OZ  
PLACE OF BIRTH: HOSPITAL  
MEMORIAL HOSPITAL WEST  
CITY, COUNTY OF BIRTH: PEMBROKE PINES, BROWARD COUNTY

**MOTHER'S PARENT'S INFORMATION**

NAME: ANABELL JANSEN  
DATE OF BIRTH: October 31, 1982  
BIRTHPLACE: DOMINICAN REPUBLIC

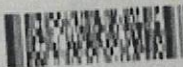
**FATHER'S PARENT'S INFORMATION**

NAME: CESAR ELPIDIO GARCIA  
DATE OF BIRTH: September 27, 1979  
BIRTHPLACE: DOMINICAN REPUBLIC  
DATE ISSUED: May 16, 2017



State Registrar

REQ: 2018145234



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24 FORM 1945 (10-13)

**CERTIFICATION OF VITAL RECORD**

\* 3 5 0 0 3 9 8 \*

CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Child's Name First: CARTER Middle: HALL-GUIDRY Last: GUIDRY Suffix:			2. Date of Birth (mm/dd/yyyy) 03/20/2017		3. Sex MALE
4a. Place of Birth - County HARRIS		4b. City or Town (if outside city limits, give precinct no.) WEBSTER		5. Time of Birth 04:33 PM	6a. Plurality - Single, Twin, Triplet, etc. TWINS
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) CLEAR LAKE REGIONAL MEDICAL CENTER			
8a. Attendant's Name, NPI, and Mailing Address EDESIRI AKA JAGBOR 1125 NORTH HWY. 3 STE. 130A TEXAS CITY, TEXAS 77591			9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. KRISTI HASLUND Signature and Title 03/24/2017 Date Signed		
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):			9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):		
10. Mother's Name Prior to First Marriage First: SHAUNDREA Middle: KANTRAE Last: GUIDRY Suffix:			11. Date of Birth (mm/dd/yyyy) 10/24/1983		12. Birthplace (State, Territory or Foreign Country) TEXAS
13a. Residence - State TEXAS		13b. County GALVESTON	13c. City, Town or Location LA MARQUE		13d. Street Address or Rural Location 6029 WILLIS CIRCLE
13e. Zip Code 77568	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or			
15. Father's Name Prior to First Marriage First: Middle: Last: Suffix:			16. Date of Birth (mm/dd/yyyy)		17. Birthplace (State, Territory or Foreign Country)
18a. Local File Number 0213983		18b. Date Received by Local Registrar 03/27/2017		18c. Signature of Local Registrar <i>S. Kellen Sweny</i>	

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

081132



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ISSUED AUGUST 18 2017

*S. Kellen Sweny*

S. Kellen Sweny  
Local Registrar



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CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Child's Name First: RYAN Middle: HALL-GUIDRY Last: GUIDRY Suffix:			2. Date of Birth (mm/dd/yyyy) 03/20/2017		3. Sex MALE
4a. Place of Birth - County HARRIS		4b. City or Town (if outside city limits, give precinct no.) WEBSTER		5. Time of Birth 04:30 PM	6a. Plurality - Single, Twin, Triplet, etc. TWINS
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):			7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) CLEAR LAKE REGIONAL MEDICAL CENTER		
8a. Attendant's Name, NPI, and Mailing Address EDESIRI AKAJAGBOR 1125 NORTH HWY. 3 STE. 130A TEXAS CITY, TEXAS 77591			9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. KRISTI HASLUND Signature and Title 03/24/2017 Date Signed		
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):			9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):		
10. Mother's Name Prior to First Marriage First: SHAUNDREA Middle: KANTRAE Last: GUIDRY Suffix:			11. Date of Birth (mm/dd/yyyy) 10/24/1983		12. Birthplace (State, Territory or Foreign Country) TEXAS
13a. Residence - State TEXAS	13b. County GALVESTON	13c. City, Town or Location LA MARQUE		13d. Street Address or Rural Location 6029 WILLIS CIRCLE	
13e. Zip Code 77568	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or:			
15. Father's Name Prior to First Marriage First: Middle: Last: Suffix:			16. Date of Birth (mm/dd/yyyy)		17. Birthplace (State, Territory or Foreign Country)
18a. Local File Number 0213835		18b. Date Received by Local Registrar 03/27/2017		18c. Signature of Local Registrar S. Kellen Sweny	

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000. 080443



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ISSUED AUGUST 18 2017

S. Kellen Sweny  
Local Registrar



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STATE OF LOUISIANA  
CERTIFICATION OF

OF BIRTH

6440946

BIRTH NO 149-2017-033-00123

CHILD'S NAME (LAST, FIRST, SECOND)  
**LANDRY JR , COURTNEY ISAAH**

BIRTH DATE  
**June 22, 2017**

TIME OF BIRTH  
**11:19 PM**

SEX  
**M**

NUMBER BORN  
**1**

BIRTH ORDER  
**1**

PLACE OF BIRTH (CITY, TOWN, OR LOCATION)  
**METAIRIE**

NAME OF HOSPITAL OR INSTITUTION  
**EAST JEFFERSON GENERAL HOSPITAL**

RESIDENCE OF MOTHER/PARENT (CITY, TOWN, OR LOCATION)  
**NEW SADDY**

PARISH  
**ST. CHARLES**

STATE  
**LA**

ZIP Code  
**70078**

STREET ADDRESS OF RESIDENCE  
**PO BOX 135**

FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)  
**LANDRY, COURTNEY ISAAH**

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)  
**BATON ROUGE, LOUISIANA**

AGE AT THIS BIRTH  
**26**

MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (LAST, FIRST, SECOND)  
**GLOUD, LACIE DANIELLE**

CITY AND STATE OF BIRTH (IF NOT U.S., NAME OF COUNTRY)  
**LAFAYETTE, LOUISIANA**

AGE AT THIS BIRTH  
**73**

FILE DATE  
**August 14, 2017**

DATE ISSUED  
**September 12, 2017 9:34:03 AM**

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ISSUED BY: Johnson, Janice Marie



CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE  
OF BIRTH REGISTERED WITH THE VITAL RECORDS REGISTRY OF  
THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

*Devin George*  
**DEVIN GEORGE**  
STATE REGISTRAR



ANY ALTERATION OR FALSIFICATION OF THIS CERTIFICATE

STATE OF TEXAS  
CERTIFICATE OF VITAL RECORD

ANGELINA COUNTY

STATE OF TEXAS

CERTIFICATE OF BIRTH

IDENTIFICATION NUMBER

BRANDEN	CHRISTIE	JAMES	DATE OF BIRTH	04/11/2017
ANGELINA	ILLIKIN	ILLIKIN	MARRIAGE	SINGLE
PLACE OF BIRTH			WOODLAND HARMON MEDICAL CENTER	
MEDICAL CENTER, 1000 N. BARNHART BLVD., SUITE 100, WOODLAND, TEXAS 75077			STANDARD	
COUNTY			TEXAS	
ANGELINA			1000 N. BARNHART BLVD., SUITE 100, WOODLAND, TEXAS 75077	
FATHER			FATHER	
MOTHER			MOTHER	
CHILSTER			JONES	
RAY			JONES	
01 007			07/07/2017	

*Amy Fincher*

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JUL 12 2017












ISSUED

*Amy Fincher*

Amy Fincher  
County Clerk



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**CITY OF HOUSTON**

**STATE OF TEXAS      CERTIFICATE OF BIRTH      BIRTH NUMBER**

NAME: **SHARMA ABANDA**      SEX: **F**      DATE OF BIRTH: **09/02/2019**      PLACE OF BIRTH: **HOUSTON, TEXAS**

FATHER: **WILLIAM TAYLOR**      MOTHER: **SHARMA ABANDA**

PLACE OF BIRTH: **HOUSTON MATERNITY BY JWHH**

FATHER'S ADDRESS: **1801 W. FM 846 SUITE N HOUSTON, TEXAS 77009**

MOTHER'S ADDRESS: **SHARMA ABANDA**

FATHER'S OCCUPATION: **NICOLE**      MOTHER'S OCCUPATION: **COCAINE**

FATHER'S ADDRESS: **TEXAS GALVESTON LA MARQUE**      MOTHER'S ADDRESS: **HOUSTON TEXAS**

FATHER'S SIGNATURE: **WILLIAM TAYLOR**      MOTHER'S SIGNATURE: **SHARMA ABANDA**

This Certificate is a true and correct copy of the original as recorded in the City of Houston, Texas.

STATE OF TEXAS  
CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NUMBER	
1. Child's Name First <b>LYNCESE</b>	Middle <b>SAVOR ST. CLAIR</b>	Last <b>SCALES</b>	Sex <b>MALE</b>	Date of Birth (mm/dd/yyyy) <b>01/20/2018</b>	Time of Birth <b>11:56</b>
2a. Place of Birth (Country) <b>HARRIS</b>		2b. City or Town (if outside city limits, give precinct no.) <b>HOUSTON</b>		2c. Hospital, Single Room, Triage, etc. <b>MEMORIAL HERMANN SOUTHEAST HOSPITAL</b>	
3a. Place of Birth <input type="checkbox"/> Clinic / <input type="checkbox"/> Doctor's Office / <input type="checkbox"/> Licensed Birthing Center / <input checked="" type="checkbox"/> Hospital			3b. Name of Hospital or Birthing Center (if not applicable, give Street Address)		
4. Name of Birth Parent(s) to be listed on birth certificate <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Other (Specify)			5. Address (Home, 101, and Mailing Address) <b>COMFORT BEE 5119 FAIRMONT PARKWAY SUITE A PASADENA, TEXAS 77005</b>		
6. Mother's Name (First, Middle, Last) <b>SAMANTHA SHREE COLEMAN</b>		7. Date of Birth (mm/dd/yyyy) <b>06/24/1983</b>		8. State of Birth (mm/dd/yyyy) <b>LOUISIANA</b>	
9. Address (Home, 101, and Mailing Address) <b>TEXAS 77539</b>		10. Street Address or Rural Location <b>204 GREEN ISLE AVE</b>			
11. Father's Name (First, Middle, Last) <b>SEANZON RICKY SCALES</b>		12. Date of Birth (mm/dd/yyyy) <b>04/20/1981</b>		13. State of Birth (mm/dd/yyyy) <b>LOUISIANA</b>	
14. Date Received by Local Registrar <b>01/25/2018</b>		15. Signature of Local Registrar <i>[Signature]</i>			

18-111.8 REV. 01-02 WARNING: THE PENALTY FOR FALSIFYING, TAMPERING, OR FALSE STATEMENT IN THIS FORM IS \$5,000 OR 10 YEARS IN PRISON OR BOTH AND UP TO 90 DAYS



This is a true and correct copy of the record as registered in the State of Texas, issued under the authority of Section 191.001, Health and Safety Code.

ISSUED JUL 29 2021

*[Signature]*  
S. Kellan Swamy  
Local Registrar



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
 MAR 28 2016  
 STATE OF TEXAS

**142-16-087198**  
 BIRTH NUMBER

1. Child's Name First: <b>LOGAN</b> Middle: <b>WESLEY</b> Last: <b>VEAL</b> Suffix:		2. Date of Birth (mm/dd/yyyy): <b>03/23/2016</b>	3. Sex: <b>MALE</b>
4a. Place of Birth - County: <b>HARRIS</b>		4b. City or Town (If outside city limits, give precinct no.): <b>WEBSTER</b>	
7a. Place of Birth: <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Other (Specify):		5. Time of Birth: <b>09:21 AM</b>	6a. Plurality - Single, Twin, Triplet, etc.: <b>SINGLE</b>
8a. Attendant's Name, NPI, and Mailing Address: <b>GEFFREY H. KLEIN</b> <b>450 BLOSSOM, SUITE C WEBSTER, TEXAS 77598</b>		7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address): <b>CLEAR LAKE REGIONAL MEDICAL CENTER</b>	
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9a. Certifier - I certify that this child was born/alive at the place and time and on the date as stated. <b>SHARMAI ENARD</b> Signature and Title <b>03/25/2016</b> Date Signed	
10. Mother's Name Prior to First Marriage First: <b>ANGELA</b> Middle: <b>NICOLE</b> Last: <b>BLUNT</b>		11. Date of Birth (mm/dd/yyyy): <b>10/05/1976</b>	12. Birthplace (State, Territory or Foreign Country): <b>LOUISIANA</b>
13a. Residence - State: <b>TEXAS</b>		13b. County: <b>GALVESTON</b>	
13c. City, Town or Location: <b>LA MARQUE</b>		13d. Street Address or Rural Location: <b>51 MIDDLE BORONDO</b>	
13e. Zip Code: <b>77568</b>	13f. Inside City Limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or	
15. Father's Name Prior to First Marriage First: <b>FRANK</b> Middle: <b>JOSEPH</b> Last: <b>VEAL</b> Suffix: <b>JR</b>		16. Date of Birth (mm/dd/yyyy): <b>08/03/1974</b>	17. Birthplace (State, Territory or Foreign Country): <b>LOUISIANA</b>
18. Signature of State Registrar: <i>Brendine L. Harris</i>			

VS-111.2 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

QA13010427

TLM



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

JUL 11 2018

ISSUED

*Tara Das*  
 TARA DAS  
 STATE REGISTRAR



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**CERTIFICATION OF VITAL RECORD**

**GALVESTON COUNTY HEALTH DISTRICT  
BUREAU OF VITAL STATISTICS**

**STATE OF TEXAS**

**CERTIFICATE OF BIRTH**

**BIRTH NUMBER**

1. Child's Name First: TRE'VION Middle: RAY Last: WARREN			Suffix: JR	2. Date of Birth (mm/dd/yyyy): 11/15/2016		3. Sex: MALE
4a. Place of Birth - County: Galveston		4b. City or Town (If outside city limits, give precinct no): GALVESTON		5. Time of Birth: 13:13 PM	6a. Plurality - Single, Twin, Triplet, etc.: SINGLE	6b. If Plural Birth, Born 1st, 2nd, 3rd, etc.: SINGLE
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to Deliver at home?) <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Specify):				7b. Name of Hospital or Birthing Center, NPI (If not Institution, Give Street Address): UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 01 UNIVERSITY BLVD ROUTE 0587		
8a. Attendant's Name, NPI, and Mailing Address: PROMPUNTAGORN, CHRISTOPHER				9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated.  RODRIGUEZ, STEFANIE Signature and Title: _____ Date Signed: 11/23/2016		
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):				9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator/ Designee <input checked="" type="checkbox"/> Other (Specify): RODRIGUEZ, STEFANIE		
10. Mother's Name Prior to First Marriage First: SANDREAL Middle: LENAЕ Last: MCKINNEY			11. Date of Birth (mm/dd/yyyy): 06/10/1997	12. Birthplace (State, Territory or Foreign Country): TEXAS		
13a. Residence - State: Texas		13b. County: GALVESTON	13c. City, Town or Location: TEXAS CITY		13d. Street Address or Rural Location: 5814 EUNICE ST	
13e. Zip Code: 77591	13f. Inside City Limits: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address: <input checked="" type="checkbox"/> Same as Residence, or: 5814 EUNICE ST				
15. Father's Name First: TRE'VION Middle: RAY Last: WARREN			Suffix:	16. Date of Birth (mm/dd/yyyy): 04/28/1996	17. Birthplace (State, Territory or Foreign Country): TEXAS	
18a. Local File Number: 02-5297		18b. Date Received by Local Registrar: 11/29/2016		18c. Signature of Local Registrar: 		

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 10 YEARS IN PRISON AND A FINE OF UP TO \$,000.

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED

DEC 06 2016

  
Alma Cazares Garcia  
Local Registrar

**WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.**



## Youth Basketball 13 and Under - Celtics

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">DeWayne Richardson</a>	57	02/04/1969	409-599-9737	dewaynerichardson04@gmail.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Jessie Garcia</a>	13	05/31/2012	409-877-8663	aurorarui289@yahoo.com	Adult Small	Youth Large
2. <a href="#">maverick alan jobe</a>	11	05/06/2014	409-392-4787	kutiecasssee@sbcglobal.net	Youth Large	Youth Large
3. <a href="#">Landon Miguel Hunter</a>	12	11/17/2013	409-944-8974	Joyh51904@gmail.com	Adult Large	Adult Large
4. <a href="#">Christian Rust</a>	13	08/10/2012	409-692-6926	celeste0211@yahoo.com	Adult Small	Adult Small
5. <a href="#">Jeremiah Martinez</a>	13	05/12/2012	713-927-2560	brittaninikolemartinez@gmail.com	Adult Small	Adult Small
6. <a href="#">Gabriel Martinez</a>	12	11/26/2013	713-927-2560	brittaninikolemartinez@gmail.com	Adult Small	Adult Small
7. <a href="#">Avery Odom</a>	13	03/20/2012	409-739-3645	todom2024@gmail.com	Adult Large	Adult Large
8. <a href="#">Andrew Salazar</a>	12	10/11/2013	409-354-4792	misakins6795@gmail.com	Youth Large	Youth Large

# Texas Amateur Athletic Federation Official Team Roster Form - YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division III 13U Team Name Texas City Celtics

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III - no more than 10 listed on roster



Print or Type Player's Name	Bona fide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
1. <u>Jessie Ganza</u>		<u>05/13/2012</u>	<u>[Signature]</u>
2. <u>London Hunter</u>		<u>11/17/2013</u>	<u>[Signature]</u>
3. <u>Christina Rust</u>		<u>08/10/2012</u>	<u>[Signature]</u>
4. <u>Seemiah Martinez</u>		<u>05/12/2012</u>	<u>[Signature]</u>
5. <u>Gabriel Martinez</u>		<u>11/26/2013</u>	<u>[Signature]</u>
6. <u>Avery Ddom</u>		<u>03/20/2012</u>	<u>[Signature]</u>
7. <u>Andreu Salazar</u>		<u>10/11/2013</u>	<u>[Signature]</u>
8. All Divisions			
9. All Divisions			
10. All Divisions			
11. Div I & II only			
12. Div I & II only			
Div II ONLY - pick up player			

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Delores Schmitt Signature of Team Manager [Signature]  
 Manager's Address (Print or type) 2573 Suisy coast Dr Home Phone 405-559-9137  
 City Texas City, TX Zip 77570 Business Phone \_\_\_\_\_  
 Signature of local T.A.A.F. Representative debra richardson De Email address gmar1.com Date [Signature]  
 Signature of Region Director or Region 1 (if applicable) [Signature]

## Youth Basketball 11 and Under - Heat

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Micheal Evans</a>			409-256-8616	<a href="mailto:mikewar@yahoo.com">mikewar@yahoo.com</a>		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Ayran Prince-Williams</a>	11	03/27/2014	346-696-8232	<a href="mailto:gay.kiana@yahoo.com">gay.kiana@yahoo.com</a>	Youth Medium	Youth Medium
2. <a href="#">Christopher Hernandez</a>	11	04/15/2014	409-655-8166	<a href="mailto:panda12090@gmail.com">panda12090@gmail.com</a>	Adult Small	Youth Large
3. <a href="#">Demetrius DaMon Mayes</a>	11	05/09/2014	409-996-6250	<a href="mailto:chalommayes@gmail.com">chalommayes@gmail.com</a>	Youth Medium	Youth Medium
4. <a href="#">Traelan Littles</a>	12	01/21/2014	409-939-2716	<a href="mailto:tarynphilip61@gmail.com">tarynphilip61@gmail.com</a>	Youth Medium	Youth Medium
5. <a href="#">Anthony Rommel Handy, Jr</a>	11	05/14/2014	409-526-9466	<a href="mailto:anthonyhandy213@gmail.com">anthonyhandy213@gmail.com</a>	Youth Medium	Youth Medium
6. <a href="#">Marvin Bantzier</a>	10	07/05/2015	409-256-8616	<a href="mailto:mikewar@yahoo.com">mikewar@yahoo.com</a>	Adult Medium	Adult Medium
7. <a href="#">Kairo Heru Hurst</a>	11	07/31/2014	832-739-3364	<a href="mailto:dejonnicole@gmail.com">dejonnicole@gmail.com</a>	Youth Large	Youth Large
8. <a href="#">Dae'ion Terrell</a>	10	05/17/2015	409-229-8003	<a href="mailto:lacoriabledsoe23@gmail.com">lacoriabledsoe23@gmail.com</a>	Youth Small	Youth Small

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 110 Team Name Heat

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. Anthony Handy Jr	4909 Decennial Ln La Marque TX 77568	5-14-2014	[Signature]
All Divisions	2. Traclan Littles	3100 Tranquillity Tr Trachway TX 77591	01-21-2015	[Signature]
All Divisions	3. Jae Tom Terrell		5/17/15	
All Divisions	4. Karo Lee Hurst		7/31/2014	
All Divisions	5. Marvin Bantler		05/14/2014	
All Divisions	6. <del>Anthony</del>			
All Divisions	7. Ariad Prince Williams		03/22/2014	
All Divisions	8. Christopher Hernandez		04/15/2014	
All Divisions	9. Domestrus D Masia	6105-HEIGHTS ST MAYES LA MARQUE TX 77568	05/05/2014	[Signature]
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY - pick up player</b>				

TEAM/MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or Type) Michael Parsons Signature of Team Manager [Signature] Email address mike@heat110.com Date 11-5-2014  
 Manager's Address (Print or Type) 1105 W. Westward Home Phone (409) 856-8616 Signature of local T.A.A.F. Representative [Signature] Signature of Region Director or Region Tournament Director (if applicable) [Signature]  
 City Texas City Zip 77581 Business Phone (409) 297-9763

## Youth Basketball 11 and under Girls - Lady Wizards

### Team Members

	Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1.	<u>Harper Gracia</u>	10	07/02/2015	409-692-8663	mtg383@gmail.com	Youth Medium	Youth Medium
2.	<u>Kennedi smith</u>	10	06/25/2015	501-326-1105	blessed2086@yahoo.com	Youth Large	Youth Large
3.	<u>Mila Oatis</u>	10	09/17/2015	409-419-2257	chaneldavis81@gmail.com	Adult Medium	Youth Large
4.	<u>Khloe Martinez</u>	11	07/08/2014	409-996-1251	Chrzt501@gmail.com	Adult Medium	Adult Medium
5.	<u>Alejandra Pereyda</u>	10	09/02/2015	409-258-8252	josepereyda56@gmail.com	Youth Large	Youth Large
6.	<u>everly Alessandra Gutierrez</u>	10	07/27/2015	409-466-7624	andreaagutierrez1193@gmail.com	Youth Large	Youth Large
7.	<u>Pearl Poehl</u>	11	06/12/2014	409-655-7052	kierstenelise.02@icloud.com	Youth Large	Youth Large
8.	<u>Payton Poehl</u>	10	10/24/2015	409-655-7052	kierstenelise.02@icloud.com	Adult Small	Adult Small
9.	<u>Ava L Trahan</u>	10	09/18/2015	409-682-0155	tamitam77@aol.com	Youth Medium	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 1U(5) Team Name Lady Sparks



NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster

	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature * By signing, I have read the waiver form on other side of this roster.
All Divisions	1. <u>Khloe Martinez</u>	<u>7001 Wetzel Rd, Texas City, TX 77530</u>	<u>7/8/14</u>	<u>[Signature]</u>
All Divisions	2. <u><del>Anthony</del> Gutierrez</u>	<u>214 18th Ave TX 77590</u>	<u>7/27/15</u>	<u>[Signature]</u>
All Divisions	3. <u>Alexandra Perreida</u>	<u>817 13th Aven N. City Texas 77590</u>	<u>9/9/15</u>	<u>[Signature]</u>
All Divisions	4. <u>Happer Madala</u>	<u>2501 21st Ave N</u>	<u>7-2-15</u>	<u>[Signature]</u>
All Divisions	5. <u>Pearl Pechl</u>	<u>1510 14th St. N Texas City TX 77590</u>	<u>06/12/14</u>	<u>[Signature]</u>
All Divisions	6. <u>Peyton Pechl</u>	<u>1510 14th St. N Texas City TX 77590</u>	<u>10/24/15</u>	<u>[Signature]</u>
All Divisions	7. <u>Mila Datis</u>	<u>1014 Linden St, Texas City TX 77590</u>	<u>9/17/15</u>	<u>[Signature]</u>
All Divisions	8. <u>Kennedi Smith</u>	<u>3700 9th North Apt 1112</u>	<u>10/25/15</u>	<u>[Signature]</u>
All Divisions	9. <u>Ava Trahan</u>	<u>4615 ave Pk/2 Cedarhurst, TX 77551</u>	<u>9/18/15</u>	<u>[Signature]</u>
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
<b>Div II ONLY - pick up player!</b>				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Asheley Harper Signature of Team Manager [Signature] Email address bhessed2080@cghoo Date 11/5/24  
 Manager's Address (Print or type) 3700 9th Ave North Apt 1112 Home Phone 501-326-1105 Signature of local T.A.A.F. Representative [Signature]  
 City Texas City Zip 77590 Business Phone \_\_\_\_\_

## Youth Basketball 11 and Under - Lakers

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Texas City Stings Youth Football</a>	48	08/23/1977	409-370-0298	mouton.dw0823@yahoo.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Romeo Taylor</a>	12	09/30/2013	409-354-2055	maurap06@gmail.com	Youth Large	Adult Small
2. <a href="#">Luke Dressman</a>	10	04/21/2015	409-795-4279	lancedressman@yahoo.com	Youth Medium	Youth Medium
3. <a href="#">Keithon Robinson</a>	10	06/16/2015	409-203-0502	vrobins0210@gmail.com	Youth Large	Youth Large
4. <a href="#">phillip pervis</a>	11	01/04/2015	409-599-9319	pervisphillip7@gmail.com	Youth Medium	Youth Medium
5. <a href="#">prince pervis</a>	11	08/05/2014	409-599-9319	pervisphillip7@gmail.com	Youth Medium	Youth Large
6. <a href="#">Cruz Morales</a>	10	06/18/2015	409-354-0655	smoralesds14@gmail.com	Adult Medium	Adult Small
7. <a href="#">Tanner Mowery</a>	10	08/16/2015	540-974-9652	bryansmith16@hotmail.com	Youth Medium	Youth Medium
8. <a href="#">Hendrix Joseph Cantu</a>	11	09/25/2014	832-744-0427	kndrnelson@gmail.com	Youth Medium	Youth Medium

# Texas Amateur Athletic Federation Official Team Roster Form – YOUTH Basketball (MINOR)

Region 1 City Texas City Sport Basketball Division 11U Team Name Lakers

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III – no more than 10 listed on roster



	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
All Divisions	1. <u>Luke Dressman</u>	<u>5017 9th St. N Texas City TX 75604</u>	<u>04/21/2015</u>	<u>[Signature]</u>
All Divisions	2. <u>Prince Pervis</u>	<u>2202 14th Ave N Texas City TX 75606</u>	<u>08/05/2014</u>	<u>[Signature]</u>
All Divisions	3. <u>Phillip Pervis</u>	<u>2202 14th Ave N, Texas City TX 75606</u>	<u>01/4/2015</u>	<u>[Signature]</u>
All Divisions	4. <u>Hendrix Cantu</u>	<u>1008 W Hotel/Dillard Dr</u>	<u>9/25/2014</u>	<u>[Signature]</u>
All Divisions	5. <u>Tanner McNairy</u>	<u>751 Woodhaven Lakes Dr La Marque TX 75136</u>	<u>8-10-2015</u>	<u>[Signature]</u>
All Divisions	6. <u>Keithen Robinson</u>	<u>9309 Chestnut St Texas City TX</u>	<u>06-16-2015</u>	<u>[Signature]</u>
All Divisions	7. <u>Cruz Morales</u>	<u>3515 Cherry Ave, T.C.</u>	<u>6-18-2015</u>	<u>[Signature]</u>
All Divisions	8. <u>Romeo Taylor</u>	<u>903 14th Ave N Texas City TX</u>	<u>9/30/13</u>	<u>[Signature]</u>
All Divisions	9.			
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
	<b>Div II ONLY - pick up player</b>			

**TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.**

Manager's Name (Print or type) \_\_\_\_\_ Signature of Team Manager \_\_\_\_\_ Email address \_\_\_\_\_  
 Manager's Address (Print or type) \_\_\_\_\_ Home Phone \_\_\_\_\_ Signature of local T.A.A.F. Representative \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Date \_\_\_\_\_  
 Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_



9u MARS

MISSOURI

BIRTH CERTIFICATION

DATE FILED: JANUARY 8, 2015 STATE FILE NUMBER: 124-15-100035

CHILD'S NAME:

DOMINIC CHANCE COOPER

DATE OF BIRTH:

JANUARY 3, 2015

COUNTY OF BIRTH:

JACKSON

SEX: MALE

MOTHER'S MAIDEN NAME:

DOMINIQUE M THOMAS

MOTHER'S AGE:

24

MOTHER'S STATE OF BIRTH:

NEW YORK

FATHER'S NAME:

FATHER'S AGE:

FATHER'S STATE OF BIRTH:

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: BOONE

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE

BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

SEPTEMBER 1, 2021

DATE ISSUED:

*Kenneth J. Palermo*

Kenneth J. Palermo

State Registrar

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW.  
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY HEALTH DISTRICT  
BUREAU OF VITAL STATISTICS

1. Child's Name First Middle Last BROCK DEWAYNE JACKSON		2. Date of Birth (m/d/yyyy) 12/25/2013		3. Sex MALE	
4a. Place of Birth - County Galveston		4b. City or Town (if outside city limits, give precinct no.) GALVESTON		5. Time of Birth 4:02 PM	
6a. Purity - Single, Twin, Triplet, etc. SINGLE		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc. SINGLE		7a. Name of Hospital or Birthing Center, NPI (if not institution, give Street) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD ROUTE 0587	
7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to Deliver at home?) <input type="checkbox"/> Other (Specify):		7b. Name of Hospital or Birthing Center, NPI (if not institution, give Street) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD ROUTE 0587			
9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated.					
8a. Attendant's Name, NPI, and Mailing Address VU, THAO PHUONG					
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):					
9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator/Designee <input checked="" type="checkbox"/> Other (Specify): REYES, ERIKA					
Signature and Title REYES, ERIKA Date Signed 12/30/2013					
10. Mother's Name Prior to First Marriage: First Middle Last ROMONA CHANTY ROMAR		11. Date of Birth (m/d/yyyy) 02/02/1976		12. Birthplace (State, Territory or Foreign Country) TEXAS	
13a. Residence - State Texas		13b. County GALVESTON		13c. City, Town or Location TEXAS CITY	
13d. Street Address of Rural Location 1006 NORTH NOBLE ROAD		14. Mailing Address: <input checked="" type="checkbox"/> Same as Residence, or 1006 NORTH NOBLE ROAD			
13e. Zip Code 77591		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address: 1006 NORTH NOBLE ROAD	
15. Father's Name: First Middle Last BRODERICK DESHON JACKSON		16. Date of Birth (m/d/yyyy) 01/04/1977		17. Birthplace (State, Territory or Foreign Country) TEXAS	
18a. Local File Number 02-5694		18b. Date Received by Local Registrar 01/02/2014		18c. Signature of Local Registrar <i>Maria Cazares Garcia</i>	

BIRTH NUMBER

CERTIFICATE OF BIRTH

STATE OF TEXAS

502249

ISSUED

MAY 20 2014

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

Alma Cazares Garcia  
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

VS-11.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.



ISSUED

FEB 05 2020

Alma Cazares Garcia  
*Alma Cazares Garcia*

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

VS-1113 REV. 0105 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

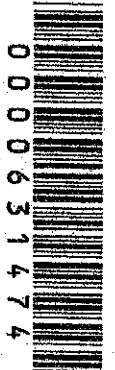
18a. Local File Number 02-4733		18b. Date Received by Local Registrar 10/09/2015		18c. Signature of Local Registrar <i>Alma Cazares Garcia</i>	
15. Father's Name First Middle Last 77590		16. Date of Birth (mm/dd/yyyy) 2816 FAIRFIELD AVE		17. Birthplace (State, Territory or Foreign Country)	
13e. Zip Code 77590		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address: 2816 FAIRFIELD AVE	
13a. Residence - State Texas		13b. County GALVESTON		13c. City, Town or Location TEXAS CITY	
10. Mother's Name Prior to First Marriage First Middle Last MARGARET LEIGH JONES		11. Date of Birth (mm/dd/yyyy) 12/07/1989		12. Birthplace (State, Territory or Foreign Country) TEXAS	
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9b. <input type="checkbox"/> Facility Administrator/Designer <input checked="" type="checkbox"/> Other (Specify): BAHENA		9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. BAHENA, MARIA Signature and Title Date Signed 10/08/2015	
8a. Attendant's Name, NPI, and Mailing Address SAUD, FAWZI		7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to Deliver at home?) <input type="checkbox"/> Yes <input type="checkbox"/> No		7b. Name of Hospital or Birthing Center, NPI (if not institution, give Street Address) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD ROUTE 0587	
4a. Place of Birth - County Galveston		4b. City or Town (if outside city limits, give precinct no.) GALVESTON		5. Time of Birth 09:09 AM	
1. Child's Name First Middle Last LUKE KING JONES		2. Date of Birth (mm/dd/yyyy) 10/08/2015		3. Sex MALE	

STATE OF TEXAS CERTIFICATE OF BIRTH BIRTH NUMBER

GALVESTON COUNTY

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS



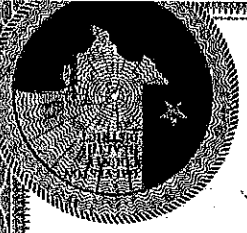
0000631474

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Anna Gazares Garcia  
Local Registrar

ISSUED FEB 22 2022

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.



VS-161 Rev. 01/05 Texas Department of State Health Services - Vital Statistics

18a. Registrar's File Number 02-3640		18b. File Date 8/27/2014		18c. Name of State Registrar TARA DAS	
15. Father's Name Prior to First Marriage PETER STEPHEN		16. Date of Birth (mm/dd/yyyy) 12/23/1965		17. Birthplace (State, Territory or Foreign Country) TEXAS	
19. Zip Code 77590		13c. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address <input checked="" type="checkbox"/> Same As Residence, or TEXAS CITY TEXAS	
13a. Residence - State TEXAS		13b. County GALVESTON		13d. Street Address or Rural Location 416 17TH AVE NORTH	
10. Mother's Name Prior to First Marriage LORRAINE REYNA		11. Date of Birth (mm/dd/yyyy) 08/10/1963		12. Birthplace (State, Territory or Foreign Country) TEXAS	
8. Informant's Name and Mailing Address PETER S OCHOA 416 17TH AVE NORTH TEXAS CITY, TX 77590		9. Certifier - I certify that the child was born above on the date as stated above Signature of State Registrar			
7a. Place of Birth GALVESTON TEXAS CITY		7b. Name of Hospital or Birthing Center MANLAND MEDICAL CENTER		7c. Name of Hospital or Birthing Center (If Not Institution, Give Street Address)	
4a. Place of Birth - County GALVESTON TEXAS CITY		5. Time of Birth 09:39 PM		6. Plurality - Single, Twin, Triplet, etc. SINGLE	
1. Child's Name EIJAH PETER		2. Date of Birth (mm/dd/yyyy) 08/25/2014		3. Sex MALE	

STATE OF TEXAS CERTIFICATE OF BIRTH BIRTH NUMBER 142-14-255894

GALVESTON COUNTY  
CERTIFICATE OF VITAL RECORD

**CERTIFICATION OF VITAL RECORD**  
**GALVESTON COUNTY HEALTH DISTRICT**

FILE NO. 017149-2015

NAME: BRAYDEN WYATT OLIVARES

DATE OF BIRTH: 01-18-2015

SEX: MALE

PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER: JAMES CECILIO OLIVARES MOTHER: KELLY JO HOWELL

DATE FILED: 01-21-2015

62486

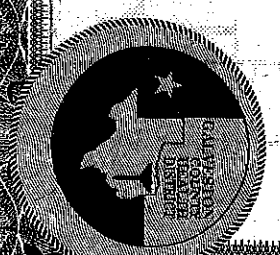
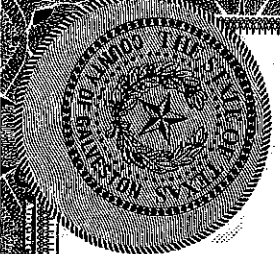
STATE OF TEXAS }  
COUNTY OF GALVESTON } ss. CERTIFIED COPY OF VITAL RECORDS

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of State Health Services, Bureau of Vital Statistics, from a document officially in its custody.

ISSUED 08-19-2015

Do not accept, unless prepared on security paper with engraved borders displaying the official seal and signatures of the issuing agency. Do not photocopy. Laminator may void certificate.

*Alma Cazares Garcia*  
Alma Cazares Garcia  
Local Registrar



ANY ALTERATION OR EMASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD  
GALVESTON COUNTY HEALTH DISTRICT

NAME: CALDEN AHMAD REEVES

DATE OF BIRTH: 12-11-2013

PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER: RODRICK LYNN REEVES JR. MOTHER: ASIA MARIE RIDEAUX

DATE FILED: 12-16-2013

FILE NO.: 370178-2013

58893

STATE OF TEXAS  
COUNTY OF GALVESTON

CERTIFIED COPY OF VITAL RECORDS

This copy of the original birth record has been provided to the County Clerk, Galveston County, Texas, Department of State Health Services, Bureau of Vital Statistics, upon document officially recorded.

ISSUED: 01-27-2014

*Amelia Garcia*

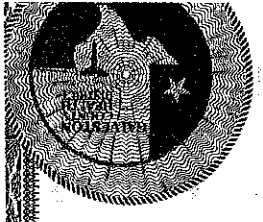
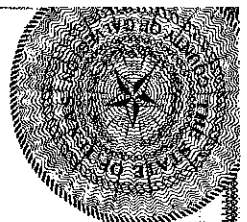
AMELIA GARCIA, CLERK  
LOCAL HEALTH

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANY ALTERATION OR EFASURE VOIDS THIS CERTIFICATE

# GALVESTON COUNTY HEALTH DISTRICT BUREAU OF VITAL STATISTICS

## CERTIFICATION OF VITAL RECORD



505015

ISSUED

AUG 1 2014

Alma Cazares Garcia  
Local Registrar

*Alma Cazares Garcia*

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VS-1113 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

1. Child's Name First Middle Last Suffix NIKKO AXL RODRIGUEZ		2. Date of Birth (mm/dd/yyyy) 06/11/2014	3. Sex MALE
4a. Place of Birth - County Galveston		4b. City or Town (if outside city limits, give precinct no.) GALVESTON	5. Time of Birth 08:58 AM
7a. Place of birth <input type="checkbox"/> Home Birth (Planned to Deliver at home?) Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital		7b. Name of Hospital or Birthing Center, NPI (if not institution, Give Street) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD, ROUTE 0587	
8a. Attendants Name, NPI, and Mailing Address HAVER, MARY CLAIRE			
9a. Certifier - Certify that this child was born alive at the place and time and on the date as stated. RIVERA, MARTA Signature and Title Date Signed 06/18/2014			
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify): 9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator/Designer <input checked="" type="checkbox"/> Other (Specify): RIVERA			
10. Mother's Name Prior to First Marriage First Middle Last KAYLE SHERREL CRUTCHFIELD		11. Date of Birth (mm/dd/yyyy) 02/28/1986	12. Birthplace (State, Territory or Foreign Country) TEXAS
13a. Residence - State Texas		13b. County GALVESTON	13c. City, Town or Location GALVESTON
13d. Street Address or Rural Location 7025 WILLIAMS DRIVE		14. Mailing Address <input checked="" type="checkbox"/> Same as Residence, or 7025 WILLIAMS DRIVE	
13e. Zip Code 77551		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. Father's Name First Middle Last Suffix DAVID RODRIGUEZ		16. Date of Birth (mm/dd/yyyy) 04/20/1981	17. Birthplace (State, Territory or Foreign Country) TEXAS
18a. Local File Number 02-2421		18b. Date Received by Local Registrar 06/19/2014	18c. Signature of Local Registrar <i>Alma Cazares Garcia</i>

BIRTH NUMBER

CERTIFICATE OF BIRTH

STATE OF TEXAS

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT

472-174-257334  
BIRTH NUMBER

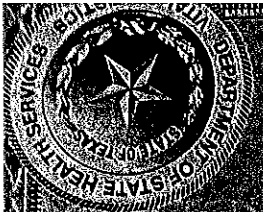
CERTIFICATE OF BIRTH

STATE OF TEXAS

AVG 2300K

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

NAME: JAMESON ALEXANDER THOMAS MIDDLE INITIAL: A LAST: THOMAS		DATE OF BIRTH: 08/25/2013 SEX: MALE	
MARITAL STATUS: SINGLE SPECIALty: NONE		PLACE OF BIRTH: HOUSTON, TEXAS COUNTY: HARRIS	
ADDRESS: 646 EAST SAM HOUSTON PARKWAY CITY: HOUSTON, TEXAS ZIP: 77061		SIGNATURE: [Signature] DATE: 08/26/2014	
FATHER: GORDON ALFROSE MOTHER: MARISSA HARRIS		REGISTERED: YES REGISTERED STATE: TEXAS	
PLACE OF BIRTH: HOUSTON, TEXAS COUNTY: HARRIS		REGISTERED: YES REGISTERED STATE: TEXAS	
DATE OF BIRTH: 05/08/1984 SEX: S		PLACE OF BIRTH: LOUISIANA COUNTY: [Blank]	

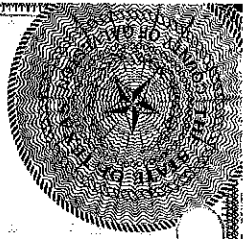


HWS

CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY HEALTH DISTRICT  
BUREAU OF VITAL STATISTICS

503104



ISSUED

JUN 12 2014

*Alma Cazares Garcia*  
Local Registrar

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VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

1. Child's Name First Middle Last STEPHEN CHRISTOPHER VANDYK		2. Date of Birth (m/d/yyyy) 05/28/2014		3. Sex MALE	
4a. Place of Birth - County Galveston		4b. City or Town (if outside city limits, give precinct no.) GALVESTON		5. Time of Birth 08:58 AM	
7a. Place of Birth <input type="checkbox"/> Home Birth (Planned to Deliver at home?) <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital		7b. Name of Hospital or Birthing Center, NPI (if not institution, Give Street) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON 301 UNIVERSITY BLVD ROUTE 0587			
8a. Attendants Name, (NPI, and Mailing Address) / COULTER, TUERE					
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify): 9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator/Designee <input checked="" type="checkbox"/> Other (Specify): RIVERA					
9a. Certifier I certify that this child was born alive at the place and time and on the date as stated. RIVERA, MARTA Signature and Title 06/03/2014 Date Signed					
10. Mother's Name Prior to First Marriage First Middle Last ALEEN MARIE BOE		11. Date of Birth (m/d/yyyy) 03/19/1986		12. Birthplace (State, Territory or Foreign Country) NEW YORK	
13a. Residence - State Texas		13b. County GALVESTON		13c. City, Town or Location GALVESTON	
13d. Street Address or Rural Location 6424 CENTRAL CITY BOULEVARD #524		14. Mailing Address <input checked="" type="checkbox"/> Same as Residence, or 6424 CENTRAL CITY BOULEVARD #524			
13e. Zip Code 77551		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13g. Outside City Limits 6424 CENTRAL CITY BOULEVARD #524	
15. Father's Name First Middle Last JERRY ANDREW VANDYK		16. Date of Birth (m/d/yyyy) 12/09/1985		17. Birthplace (State, Territory or Foreign Country) MICHIGAN	
18a. Local File Number 02-2182		18b. Date Received by Local Registrar 06/04/2014		18c. Signature of Local Registrar <i>Alma Cazares Garcia</i>	

BIRTH NUMBER

CERTIFICATE OF BIRTH

STATE OF TEXAS

## Youth Basketball 13 and Under - Celtics

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">DeWayne Richardson</a>	57	02/04/1969	409-599-9737	dewaynerichardson04@gmail.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Jessie Garcia</a>	13	05/31/2012	409-877-8663	aurorarui289@yahoo.com	Adult Small	Youth Large
2. <a href="#">maverick alan jobe</a>	11	05/06/2014	409-392-4787	kutiecasssee@sbcglobal.net	Youth Large	Youth Large
3. <a href="#">Landon Miguel Hunter</a>	12	11/17/2013	409-944-8974	Joyh51904@gmail.com	Adult Large	Adult Large
4. <a href="#">Christian Rust</a>	13	08/10/2012	409-692-6926	celeste0211@yahoo.com	Adult Small	Adult Small
5. <a href="#">Jeremiah Martinez</a>	13	05/12/2012	713-927-2560	brittaninikolemartinez@gmail.com	Adult Small	Adult Small
6. <a href="#">Gabriel Martinez</a>	12	11/26/2013	713-927-2560	brittaninikolemartinez@gmail.com	Adult Small	Adult Small
7. <a href="#">Avery Odom</a>	13	03/20/2012	409-739-3645	todom2024@gmail.com	Adult Large	Adult Large
8. <a href="#">Andrew Salazar</a>	12	10/11/2013	409-354-4792	misakins6795@gmail.com	Youth Large	Youth Large



## Youth Basketball 13 and Under - Pistons

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Kirk Greene</a>			409-939-8720	kirk_greene@yahoo.com		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Reuben D Stanley</a>	12	06/08/2013	832-769-1193	millysanudo@hotmail.com	Youth Medium	Youth Medium
2. <a href="#">Xavien Jayshaun McNair</a>	12	07/22/2013	409-789-7411	mismomcnair@yahoo.com	Youth Large	Youth Large
3. <a href="#">Aaden Zeltie Robinson</a>	13	01/10/2013	409-526-3880	Latoya_hrmn@yahoo.com	Adult Medium	Youth Medium
4. <a href="#">t\yshon johnson</a>	13	12/07/2012	409-683-8963	robinwiley89@gmail.com	Youth Large	Youth Large
5. <a href="#">Nicholas Obregon</a>	13	03/30/2012	832-398-6827	arielpaulette@gmail.com	Adult Large	Adult Medium
6. <a href="#">Joseph Washington</a>	12	03/26/2013		msthya@s@yahoo.com	Youth Large	Youth Large
7. <a href="#">Conrad Klottzman</a>	13	02/07/2013	409-939-8452	juliaklotzm@gmail.com	Adult Large	Adult XXL
8. <a href="#">Kamden Cole Perry</a>	12	02/26/2013	409-599-0833	ravenperry2023@yahoo.com	Adult Medium	Adult Medium
9. <a href="#">Jeremiah DANA E mcNair</a>	13	01/26/2013	832-989-3250	sexiblack2023@gmail.com	Youth Medium	Youth Medium
10. <a href="#">Isaiah Mull</a>	11	05/31/2014	409-683-8699	miss.yolandalewis@gmail.com	Youth Medium	Youth Small



## Youth Basketball 13 and Under - Heat

### Coaches

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Leon Joubert</a>			409-939-8378	<a href="mailto:liljoub@yahoo.com">liljoub@yahoo.com</a>		

### Team Members

Name	Age	DOB	Phone 1	Email	Jersey Size	Short Size
1. <a href="#">Mandon Muzquiz</a>	13	12/16/2012	409-392-3413	<a href="mailto:ashley.g.03@hotmail.com">ashley.g.03@hotmail.com</a>	Adult Medium	Adult Small
2. <a href="#">Bryant Joubert</a>	13	09/16/2012	409-939-8378	<a href="mailto:liljoub@yahoo.com">liljoub@yahoo.com</a>	Youth Large	Youth Large
3. <a href="#">Aiden Bledsoe</a>	12	07/19/2013	409-229-8003	<a href="mailto:lacorriabledsoe23@gmail.com">lacorriabledsoe23@gmail.com</a>	Youth Large	Youth Large
4. <a href="#">Wilbert Robinson III</a>	12	03/25/2013		<a href="mailto:wilbert_robinson_jr@hotmail.com">wilbert_robinson_jr@hotmail.com</a>	Adult Small	Adult Small
5. <a href="#">Adrian Gould</a>	12	07/23/2013	346-208-6515	<a href="mailto:sfsfbf09@yahoo.com">sfsfbf09@yahoo.com</a>	Youth Large	Youth Large
6. <a href="#">Lonnie Wheatley Salter</a>	13	08/22/2012	409-539-4599	<a href="mailto:salterlonnie9@gmail.com">salterlonnie9@gmail.com</a>	Youth Small	Youth Small
7. <a href="#">Dedrick Handy</a>	13	10/08/2012	409-457-5243	<a href="mailto:lee.jameisha@yahoo.com">lee.jameisha@yahoo.com</a>	Adult Small	Adult Small
8. <a href="#">tyrrell venzant</a>	13	11/03/2012	757-739-3295	<a href="mailto:extrasweet4ever@gmail.com">extrasweet4ever@gmail.com</a>	Adult Small	Adult Small
9. <a href="#">bryce cooper</a>	12	10/28/2013	409-354-9934	<a href="mailto:lundyjanise@yahoo.com">lundyjanise@yahoo.com</a>	Youth Large	Youth Large

# Texas Amateur Athletic Federation Official Team Roster Form - YOUTH Basketball (MINOR)

Region 1 City Texas City Sport BASKETBALL Division 13U Team Name 13U Heat

NOTE: 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I & II no more than 12 listed on roster; Division III - no more than 10 listed on roster



	Print or Type Player's Name	Bona fide Residence (Street, City, State, Zip)	Date of Birth	Parent/Guardian Signature <small>* By signing, I have read the waiver form on other side of this roster.</small>
All Divisions	1. <u>BEAUNT SOUBERT</u>	<u>1802 28th Ave. N. Texas City TX 77590</u>	<u>9-16-12</u>	<u>Leon Joubert</u>
All Divisions	2. <u>Tyrrell Nenzort</u>	<u>1101 12th St San Leon TX 75584</u>	<u>Nov 3 2012</u>	<u>Jamie Dunsby</u>
All Divisions	3. <u><del>BEATRICE COOPER</del></u>	<u>3015 Bell Dr Texas City TX 77591</u>	<u>10-28-2013</u>	<u>Stacy</u>
All Divisions	4. <u>ADRIAN GAULD</u>	<u>2801 FM 70th Texas City TX 77591</u>	<u>07/23/2013</u>	<u>Stacy</u>
All Divisions	5. <u>WILBERT ROBINSON III</u>	<u>9207 Ramagejack Dr Texas City TX 77591</u>	<u>03/25/2013</u>	<u>Stacy</u>
All Divisions	6. <u>Aiden Bledsoe</u>	<u>316 21st Ave N Texas City TX 77590</u>	<u>07-19-2013</u>	<u>J. Bledsoe</u>
All Divisions	7. <u>Dedrick Hardy Jr</u>	<u>1919 15th Ave N Texas City TX 77590</u>	<u>10-08-2012</u>	<u>J. Bledsoe</u>
All Divisions	8. <u>Markus Myzair</u>	<u>1764 Stinson Ave Texas City TX 77590</u>	<u>12/20/12</u>	<u>Stacy</u>
All Divisions	9. <u>Lonnie Saiter</u>	<u>7909 Diamond Blvd Texas City TX 77590</u>	<u>8/22/12</u>	<u>Lonnie Saiter</u>
All Divisions	10.			
Div I & II only	11.			
Div I & II only	12.			
Div II ONLY - pick up player				

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type) Leon Joubert Signature of Team Manager Leon Joubert Email address ljoubert@yahoo.com Date 1-15-26

Manager's Address (Print or type) 1802 28th Ave. N. Texas City TX 77590 Home Phone (409) 939-8378 Signature of local T.A.A.F. Representative [Signature] Signature of Region Director or Region Tournament Director (if applicable) [Signature]

City Texas City Zip 77590 Business Phone \_\_\_\_\_

# TEXAS AMATEUR ATHLETIC FEDERATION OFFICIAL TEAM ROSTER FORM - YOUTH BASKETBALL

Region 1 City Texas City Division D1/Bu Team Name Spurs

**NOTE:** 1) Each player and team manager should read the statement on Page 2 before completing and signing this roster.  
 2) Division I + II - No more than 12 listed on roster; Division III - No more than 10 listed on roster

PLAYER'S NAME	BONAFIDE RESIDENCE (STREET, CITY, STATE, ZIP)	DATE OF BIRTH	PARENT/GUARDIAN SIGNATURE
ALL DIVISIONS	1 ✓ <u>Seabeeck McArthur</u> 9206 Yellow Rose Dr Texas City, TX 77691	4-19-12	<u>DM</u>
ALL DIVISIONS	2 ✓ <u>Charles Huston</u> 3814 Patricia, Lamarque TX 77568	4-11-12	<u>[Signature]</u>
ALL DIVISIONS	3 ✓ <u>Shawn Harris</u> 1600 Bonnett Lower Apt 104 2870 Pat-ville St Lamarque TX 77568	03/09/13	<u>[Signature]</u>
ALL DIVISIONS	4 ✓ <u>Ronald Lavigne</u> 701 Woodman Lakes Dr Lamarque TX 77568	12-22-12	<u>[Signature]</u>
ALL DIVISIONS	5 ✓ <u>Liam Mowery</u> 505 Arroyo L'n 1, Le Marqure TX 77568	1-21-12	<u>[Signature]</u>
ALL DIVISIONS	6 ✓ <u>Bryant Lucio</u> 3502 Kingfish Rd Texas City TX 77591	7/22/2013	<u>[Signature]</u>
ALL DIVISIONS	7 ✓ <u>Shannon McNeil</u> <del>1500 Emmett Blvd TX 77591</del> 9203 Mueckel Dr Texas City TX 77591	03/20/12	<u>[Signature]</u>
ALL DIVISIONS	8 ✓ <u>Jorey Leonard</u> 9203 Mueckel Dr Texas City TX 77591	09/20/2012	<u>[Signature]</u>
ALL DIVISIONS	9 ✓ <u>Jairme Morales</u> 1942 1st St W. Texas City TX 77591	4-30-2012	<u>[Signature]</u>
DIV I + II ONLY	11		
DIV I + II ONLY	12		
DIV II ONLY PICK UP PLAYER			

**TEAM MANAGER'S GUARANTEE:** Each manager should read the statement on Page 2 before completing and signing this roster.

Manager Name George West  
 Manager's Address 412 1st St. W. Texas City TX 77690  
 City, State, Zip Texas City TX 77690

Signature of Team Manager [Signature]  
 Home Phone (409) 655-0406  
 Business Phone \_\_\_\_\_  
 Email Address george.west2713@gmail.com  
 Date 2-28-26  
 Signature of Local TAAF Representative \_\_\_\_\_  
 Signature of Region Director or Region Tournament Director (if applicable) \_\_\_\_\_



CERTIFICATION OF VITAL RECORD  
GALVESTON COUNTY HEALTH DISTRICT

FILE NO.: 274955-2012

NAME: JOREY MASON WOODARD

DATE OF BIRTH: 09-20-2012

SEX: MALE

PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER: ERICK PIERRE WOODARD

MOTHER: JOI CHANESE SINGLETON

DATE FILED: 09-24-2012 1

STATE OF TEXAS }  
COUNTY OF GALVESTON } ss CERTIFIED COPY OF VITAL RECORDS  
57253

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of State Health Services, Bureau of Vital Statistics from a document officially in its custody.

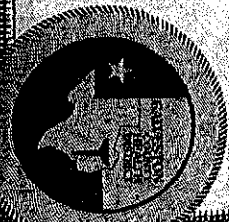
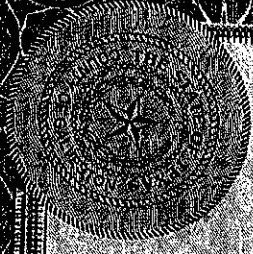
ISSUED

Do not accept this certificate until you have carefully inspected the original paper with the signature of the issuing agency. Do not photocopy. This document may void certificate.

*Alma Cazares Garcia*

Alma Cazares Garcia  
Local Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFICATION OF BIRTH

GALVESTON COUNTY HEALTH DISTRICT  
ALTERATION, LAMINATION OR ERASURE VOID. THIS CARD  
CERT. NO. 2-1-1000

NAME BRYAN ADAN LUCIO SEX MALE

DATE OF BIRTH 09/29/2011

PLACE OF BIRTH GALVESTON COUNTY, TX

F. NAME JOSE MANUEL LUCIO

M. NAME JACQUELINE LORENA GONZALES

DATE FILED 10/04/2011 DATE ISSUED 10/05/2011

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED IN THIS OFFICE, OR  
AS PROVIDED TO AN ADOPTIVE PARENT BY THE TEXAS DEPARTMENT OF HEALTH, BUREAU OF VITAL  
STATISTICS, FROM A DOCUMENT IN ITS CUSTODY.



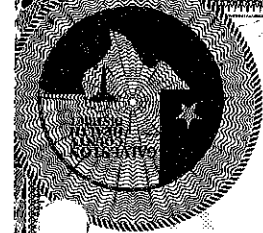
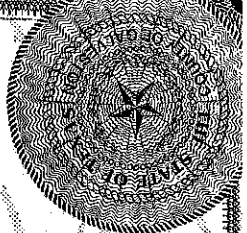
Anna Cisneros, Clerk  
Local Registrar



C42158

CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY HEALTH DISTRICT  
BUREAU OF VITAL STATISTICS



19364

ISSUED

AUG 13 2015

Alma Cazares Garcia  
Local Registrar  
*Alma Cazares Garcia*

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

18a. Local File Number 02-1571		18b. Date Received by Local Registrar 04/17/2012		18c. Signature of Local Registrar <i>Alma Cazares Garcia</i>	
15. Father's Name First Middle Last CHARLES DERRICK DEQUINCY AUSTIN		16. Date of Birth (mm/dd/yyyy) 10/25/1976		17. Birthplace (State, Territory or Foreign Country) TEXAS	
13e. Zip Code 77568		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address <input checked="" type="checkbox"/> Same as Residence, or 2814 PATRICIA	
13a. Residence - State Texas		13b. County GALVESTON		13c. City, Town or Location LA MARQUE	
13d. Street Address or Rural Location 2814 PATRICIA		10. Mother's Name Prior to First Marriage First Middle Last SHANISHA LERKEY NICOLE GREER		11. Date of Birth (mm/dd/yyyy) 12/08/1978	
9b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9a. Certifier <input type="checkbox"/> As stated, <input type="checkbox"/> Facility Administrator / Designee <input checked="" type="checkbox"/> Other (Specify): LECOMPT		Signature and Title LECOMPT, RITA	
8a. Attendant's Name, NPI, and Mailing Address WENGROFF, SEAN		8b. Certifier: I certify that this child was born alive at the place and time and on the date 04/16/2012 Date Signed			
7a. Place of Birth <input type="checkbox"/> Home Birth (Planned to Deliver at home?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Licensed Birthing Center <input type="checkbox"/> Clinic / Doctor's Office		7b. Name of Hospital or Birthing Center, NPI (if not institution, Give Street) MAINLAND MEDICAL CENTER 6801 EMMETT FLOWRY EXPRESSWAY			
4a. Place of Birth - County Galveston		4b. City or Town (if outside city limits, give precinct no.) TEXAS CITY		5. Time of Birth 06:00 AM	
6a. Purity - Single, Twin, Triplet, etc. SINGLE		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc. SINGLE		2. Date of Birth (mm/dd/yyyy) 04/11/2012	
1. Child's Name First Middle Last CHARLES DERRICK DEQUINCY AUSTIN		3. Sex MALE		4. Suffix JR	

STATE OF TEXAS CERTIFICATE OF BIRTH BIRTH NUMBER



ISSUED

504476

This is to certify that this is a true and correct reproduction of the original under authority of Sec. 191.051, Health and Safety Code.

AL-113 REV 0105 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

16. Local File Number 021333		18B. Date Received by Local Registrar 04/05/2013		18C. Signature of Local Registrar <i>[Signature]</i>	
15. Father's Name: First 77550		15. Father's Name: Middle 1314 34TH STREET		15. Father's Name: Last SUFFIX	
13E. Zip Code 77550		13F. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address <input checked="" type="checkbox"/> Same as Residence, DC	
13A. Residence - State Texas		13B. County GALVESTON		13C. City, Town or Location GALVESTON	
13D. Street Address or Rural Location TEXAS		13E. Street Address or Rural Location 1314 34TH STREET		17. Birthdate (MM/DD/YYYY) 08/21/1992	
10. Mother's Name Prior to First Marriage: First PAGEANT LASHAWN GONZALEZ		10. Mother's Name Prior to First Marriage: Middle GONZALEZ		10. Mother's Name Prior to First Marriage: Last GONZALEZ	
8B. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CM <input type="checkbox"/> MD/MS <input type="checkbox"/> Other (Specify)		9A. Applicant's Name, NPI, and Mailing Address MILKINSON YASMIN		9B. Applicant's Signature and Title REYER BRICK / PHYSICIAN	
7A. Place of Birth: <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birth Center <input checked="" type="checkbox"/> Home Birth (Planned to Deliver at Home?) <input type="checkbox"/> Yes <input type="checkbox"/> No		7B. Name of Birth Facility (Name of Hospital, Clinic, or Other Facility) GALVESTON		7C. Name of Birth Facility (Name of Hospital, Clinic, or Other Facility) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON PHOENIX	
4A. Place of Birth - County GALVESTON		4B. City or Town (If outside city limits, give precise location) HARIS		4C. Date of Birth 08/21/1992	
1. Child's Name MILKINSON YASMIN		2. Child's Sex FEMALE		3. Child's Date of Birth 08/21/1992	

STATE OF TEXAS

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

13V Spors

**CERTIFICATION OF BIRTH**

**GALVESTON COUNTY HEALTH DISTRICT**  
ALTERATION, LAMINATION OR ERASURE VOIDS THIS CARD  
CERT NO2-5923

NAME RONALD WAYNE LAVERGNE JR

DATE OF BIRTH 12/22/2011 SEX MALE

PLACE OF BIRTH GALVESTON COUNTY, TX

F: NAME RONALD WAYNE LAVERGNE SR

M: NAME TEMISHA MARIE CASIMERE

DATE FILED 01/02/2012 DATE ISSUED 05/20/2013

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED IN THIS OFFICE, OR AS PROVIDED TO THIS OFFICE BY THE TEXAS DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, FROM A DOCUMENT IN ITS CUSTODY.

*Alma Cazares Garcia*



C43699

4:42



55 MI



STATE OF TEXAS  
CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY

FILE NO. : 111277-2012

NAME: SED, DEREK DEMOND LYNELL MCCARTHER

DATE OF BIRTH: 04-19-2012

SEX: MALE

PLACE OF BIRTH: TRAVIS COUNTY, TEXAS

FATHER:

MOTHER: DEMETRIA MICHELLE LEWIS

DATE FILED: 04-25-2012 1



0 0 0 9 7 0 1 8 2

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of State Health Services, Vital Statistics Unit, from a document officially in its custody.

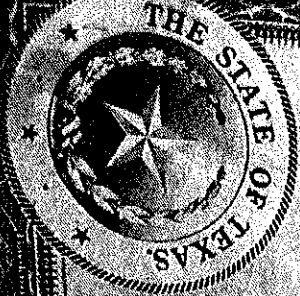
ISSUED

APR 15 2012

*[Signature]*  
Vital Records Clerk

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND.

ANY ALTERATION OF ENDSURE VOIDS THIS CERTIFICATE



130 SPERS

CERTIFICATION OF VITAL RECORD

GALVESTON COUNTY HEALTH DISTRICT  
BUREAU OF VITAL STATISTICS



ISSUED

JUN 23 2012

Alma Cazares Garcia  
Local Registrar

*Alma Cazares Garcia*

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Sec. 191.051, Health and Safety Code.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 10 YEARS IN PRISON AND A FINE OF UP TO \$500.

18a. Local File Number 02-1822		18b. Date Received by Local Registrar 05/04/2012		18c. Signature of Local Registrar <i>Alma Cazares Garcia</i>	
15. Father's Name First: JAIME Middle: ISMAEL Last: MORALES		16. Date of Birth (mm/dd/yyyy) 09/08/1988		17. Birthplace (State, Territory or Foreign Country) TEXAS	
13a. Zip Code 77590		13b. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address 3515 CHERRY AVENUE <input checked="" type="checkbox"/> Same as Residence or	
13a. Residence - State Texas		13b. County GALVESTON		13c. City, Town or Location TEXAS CITY	
10. Mother's Name Prior to First Marriage First: ERIN Middle: JESILLE Last: SALINAS		11. Date of Birth (mm/dd/yyyy) 01/15/1987		12. Birthplace (State, Territory or Foreign Country) TEXAS	
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):		9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. LECOMTE, RITA		9b. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator/Designee <input checked="" type="checkbox"/> Other (Specify): LECOMPT	
8a. Attendant's Name, NPI, and Mailing Address WENGROFF, SEAN		7a. Place of birth <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home birth (Planned to deliver at home?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b. Name of hospital or birthing center, NPI (if in institution, give Street Address) MAINLAND MEDICAL CENTER 6801 EMMETT FLOWERY EXPRESSWAY	
4a. Place of Birth - County Galveston		4b. City or Town (if outside city limits, give precinct no) TEXAS CITY		5. Time of Birth 02:33 AM	
1. Child's Name First: JAIME Middle: XAVIER Last: MORALES		2. Date of Birth (mm/dd/yyyy) 04/30/2012		3. Sex MALE	
6a. Purity - Single, Twin, Triplet, etc. SINGLE		6b. If Plural Birth, Born 1st, 2nd, 3rd, etc. SINGLE		BIRTH NUMBER	

VOID IN WHOLE OR IN PART IF ALTERED OR REPRODUCED



Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner.  
Section 32.1-272, Code of Virginia, as amended.

VS 15B

Jane M. Rainey, State Registrar  
*Jane M. Rainey*

DATE ISSUED: May 17, 2018

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

DATE RECORD FILED: FEBRUARY 10, 2012

FATHER'S PLACE OF BIRTH: GERMANY

AGE OF FATHER: 28

NAME OF FATHER: ADRIAN DALE MOWERY

MOTHER'S PLACE OF BIRTH: VIRGINIA

AGE OF MOTHER: 26

MAIDEN NAME OF MOTHER: AMANDA CHRISTINE BARRY

PLACE OF BIRTH: WINCHESTER, VIRGINIA

DATE OF BIRTH: JANUARY 24, 2012

SEX: MALE

NAME OF REGISTRANT: LIAM NEAL MOWERY

STATE FILE NUMBER: 145-12-007296

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS  
CERTIFICATE OF LIVE BIRTH

7592944

VERIFY PRESENCE OF WATERMARK - HOLD TO LIGHT TO VIEW

VOID IF ALTERED OR REPRODUCED

VOID IF ALTERED OR REPRODUCED

CERTIFICATION OF VITAL RECORD

HARRIS COUNTY  
HOUSTON, TEXAS

FILE NO. : 209118-2013

NAME: XAVIEN JAYSHAUN MCNAIR

DATE OF BIRTH: 07-22-2013

SEX: MALE

PLACE OF BIRTH: HARRIS COUNTY, TEXAS

FATHER: MOTHER: MONISHA KATRICE MCNAIR

DATE FILED: 07-25-2013 I

C775835

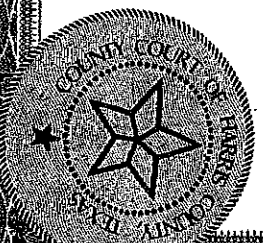
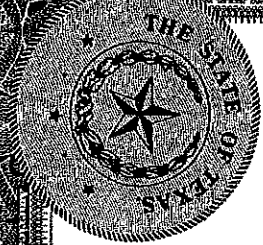
STATE OF TEXAS }  
COUNTY OF HARRIS }

I hereby certify that this abstract of birth facts has been provided to this office by the Texas Department of Health, Bureau of Vital Statistics, from a document officially in its custody.

DATE ISSUED

08-22-2014

*Stan Starnart*  
STAN STARNART,  
COUNTY CLERK/REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: 67ners

Head Coach Information	
Name	Kris Kelley
Phone	806-281-7211
Email	<a href="mailto:fballkk2003@yahoo.com">fballkk2003@yahoo.com</a>



Assistant Coach Information	
Name	Ashley Lung
Phone	813-474-6550
Email	<a href="mailto:coleman8142@gmail.com">coleman8142@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Ethan	Lung	(813) 474-6550	<a href="mailto:coleman8142@gmail.com">coleman8142@gmail.com</a>	YM	6	6	YES	YES	5
2	Knox	Kelley	(806) 281-7211	<a href="mailto:fballkk2003@yahoo.com">fballkk2003@yahoo.com</a>	YM	6	6	YES	YES	10
3	Layton	Jeter	(512) 469-5685	<a href="mailto:selfmaid1996@gmail.com">selfmaid1996@gmail.com</a>	YM	5	5	YES	YES	11
4	Alek	Brummett	(608) 386-8813	<a href="mailto:lilfeet13t@gmail.com">lilfeet13t@gmail.com</a>	YM	6	6	YES	YES	12
5	Atticus	Childers	469-704-7350	<a href="mailto:jennymc2011@gmail.com">jennymc2011@gmail.com</a>	YM	5	6	YES	YES	13
6	Christian	Ducot	(972) 922-2142	<a href="mailto:hducot@gmail.com">hducot@gmail.com</a>	YM	6	6	YES	YES	14
7	Joseph	Rosales	(214) 449-9813	<a href="mailto:amberkrosales@gmail.com">amberkrosales@gmail.com</a>	YM	6	7	YES	YES	15
8										

Practice Information:	
Day:	Tuesday
Time:	6:45-7:30pm
Location:	Camey



Practice Information:	
Day:	Thursday
Time:	6:45-7:30pm
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Boys

Team Name: Broncos

Head Coach Information	
Name	Seth Weinstein
Phone	310-707-7131
Email	<a href="mailto:sweinsteinlaw@gmail.com">sweinsteinlaw@gmail.com</a>



Assistant Coach Information	
Name	Reymond Wee
Phone	951-334-4920
Email	<a href="mailto:momonwee@yahoo.com">momonwee@yahoo.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Ariel "Ari"	Weinstein	(310) 707-7131	sweinsteinlaw@gmail.com	YL	10	10	YES	YES	1
2	Carlos Elijah	Wee	1-951-334-4920	momonwee@yahoo.com	YL	10	10	YES	YES	2
3	Connor Emmanuel	Wee	1-951-334-4920	momonwee@yahoo.com	YL	8	8	YES	YES	3
4	Yehonathan	Fuks	469-230-8020	sshvartz@gmail.com	YL	10	11	YES	YES	4
5	Wil	Camp	(214) 534-9430	erineshea@gmail.com	YL	10	10	YES	YES	5
6	Dominik	Kornblit	(619) 630-5425	dkornblit@gmail.com	YL	10	10	YES	YES	10
7	Leor	Tuchman	1-347-543-9043	hilakt@gmail.com	YM	10	10	YES	YES	15
8	Ariel	Leff	(214) 202-4776	rglantzleff@gmail.com	YL	10	11	YES	YES	12
9	Rudra	Chahal	(940) 205-9989	chahaljitender@gmail.com	YM	10	11	YES	YES	11
10										

Practice Information:	
Day:	Tuesday
Time:	6pm-7pm
Location:	Griffin



Practice Information:	
Day:	Thursday
Time:	6:30-7:30
Location:	Recreation Center

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 12U Boys

Team Name: Bucketsquad

Head Coach Information	
Name	Tarik Admani
Phone	214-726-6547
Email	<a href="mailto:tarik.admani@gmail.com">tarik.admani@gmail.com</a>



Assistant Coach Information	
Name	Shazill Gill
Phone	<a href="tel:214-684-8586">214-684-8586</a>
Email	<a href="mailto:sgill588@gmail.com">sgill588@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Birthdate Verification	Spectator Code of Conduct	Jersey #
1	Ammar	Admani	(214) 726-6547	tarik.admani@gmail.com	AS	11	11	YES	YES	5
2	Julian	Schoby	1-214-986-4326	brianschobyrealtor@gmail.com	YM	11	11	NEED	NEED	3
3	Hamza	Khurram	1-469-231-8567	khurram.iqbal985@gmail.com	YM	12	12	YES	YES	10
4	Taha	Khurram	1-469-231-8567	khurram.iqbal985@gmail.com	YM	10	10	YES	YES	12
5	Zayan	Shah	(516) 721-7069	rshahmd102@gmail.com	YM	11	11	YES	YES	13
6	Rafay	Naqvi	(773) 297-7024	saraghufuran@gmail.com	YM	11	11	YES	YES	14
7	Vihaan	Ramesh	(469) 774-8235	ramesh.sankar@gmail.com	YL	11	12	YES	YES	15
8										
9										
10										

Practice Information:	
Day:	Tuesday
Time:	8-9pm
Location:	Ethridge



Practice Information:	
Day:	
Time:	
Location:	

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: Bulls

Head Coach Information	
Name	Jonathan Pribble
Phone	706-394-7708
Email	<a href="mailto:jonathan.pribble@gmail.com">jonathan.pribble@gmail.com</a>



Assistant Coach Information	
Name	Nick Catanese
Phone	469-912-5756
Email	<a href="mailto:nicholas@newviewroofing.com">nicholas@newviewroofing.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Jonah	Pribble	717-991-4645	amandaj.pribble@gmail.com	YM	5	5	YES	YES	0
2	Vinny	Catanese	(440) 552-5673	nspuzillo@gmail.com	YM	5	5	YES	YES	1
3	Michael	Melia	(505) 463-7714	cmmelia07@gmail.com	YM	6	6	YES	YES	2
4	Reese	Johnson	1-469-585-4246	kjohnsonfnpc@gmail.com	YM	6	7	YES	YES	3
5	Hannah	Sadlo	(314) 452-0756	smsadlo@gmail.com	AS	6	6	YES	YES	5
6	Kate	Miles	(469) 693-2664	laynejschramm@gmail.com	YM	5	5	YES	YES	4
7	Henry	Miles	(469) 693-2664	laynejschramm@gmail.com	YM	6	7	YES	YES	10
8										

Practice Information:	
Day:	Monday
Time:	6-6:45pm
Location:	Camey



Practice Information:	
Day:	Thursday
Time:	6-6:45pm
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 8U Boys

Team Name: Cavaliers

Head Coach Information	
Name	Brian Summers
Phone	469-815-1522
Email	<a href="mailto:brian.summers6@gmail.com">brian.summers6@gmail.com</a>



Assistant Coach Information	
Name	Eruc Donahue
Phone	540-613-2685
Email	<a href="mailto:edonahue10@gmail.com">edonahue10@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Birthdate Verification	Spectator Code of Conduct	Jersey #
1	Aleksander	Nowroozi	(469) 212-4980	kandicenowroozi@gmail.com	YL	7	7	YES	YES	14
2	Layton	Boyland	(214) 448-2649	madison.boyland@gmail.com	YM	7	7	YES	YES	2
3	Jeffrey	Donahue	(423) 525-3456	mavd520@gmail.com	YM	7	8	YES	YES	3
4	Roman	Catanese	(440) 537-5306	nspuzillo@gmail.com	YM	7	7	YES	YES	4
5	AJ	Forsberg	(714) 287-5092	Afors112@yahoo.com	YM	7	7	YES	YES	5
6	Landon	Noll	(918) 521-4793	lnwilson02@gmail.com	YM	7	7	YES	YES	10
7	Luke	Fass	(214) 796-5155	rickfass@gmail.com	YM	8	8	YES	YES	11
8	William	Lee	(214) 240-5507	ecastillolee@gmail.com	YM	7	8	YES	YES	12
9	Charlie	Laurance	(732) 962-2266	meli.laurance@gmail.com	YM	7	8	YES	YES	13
10	Dexter	Laurance	(732) 962-2266	meli.laurance@gmail.com	YM	7	8	YES	YES	15

Practice Information:	
Day:	Monday
Time:	6:45-7:30pm
Location:	Camey



Practice Information:	
Day:	Wednesday
Time:	6:45-7:30pm
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 12U Boys

Team Name: Celtics

Head Coach Information	
Name	Dwayne Smith
Phone	(774) 300-2875
Email	<a href="mailto:smithdwayne330@gmail.com">smithdwayne330@gmail.com</a>



Assistant Coach Information	
Name	
Phone	
Email	

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Birthdate Verification	Spectator Code of Conduct	Jersey #
1	Camden	Smith	469-200-0291	smithdwayne330@gmail.com	YL	11	11	YES	YES	1
2	Dion Thomas	Tiju	(603) 767-2525	tijutthomas@gmail.com	YL	11	11	YES	YES	2
3	Jordan	Ornelas	940-268-8485	jessica.bustos@yahoo.com	YL	11	12	YES	YES	15
4	Tejas	Lingamaneni	(972) 533-4375	raoarti@gmail.com	YL	12	12	YES	YES	3
5	Akshath	Geedipally	(979) 255-2495	gsrinivas8@gmail.com	AS	12	13	YES	YES	12
6	Rylan	Dedmon	(940) 326-1762	rickysongz@yahoo.com	AS	11	11	YES	YES	13
7	Lucas	Thomas	(954) 801-3785	tdane1284@gmail.com	AS	11	11	YES	YES	14
8	Paige	Elliott	(757) 535-2547	dwayneharper714@gmail.com	YL	11	11	YES	YES	11
9										
10										

Practice Information:	
Day:	Monday
Time:	8-9pm
Location:	Recreation Center



Practice Information:	
Day:	Friday
Time:	8-9pm
Location:	Recreation Center

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 12U Girls

Team Name: Court Queens

Head Coach Information	
Name	Brooklyn Brown
Phone	469-476-8585
Email	<a href="mailto:brooklynsestates@gmail.com">brooklynsestates@gmail.com</a>



Assistant Coach Information	
Name	Hillary Hagen
Phone	<a href="tel:469-469-3306">469-469-3306</a>
Email	<a href="mailto:hillary.hagen@gmail.com">hillary.hagen@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Kenedeigh	Brown	469-476-8585	brooklynsestates@gmail.com	AM	11	12	YES	YES	5
2	London	Janssens	(818) 640-1536	edith.e.janssens@gmail.com	AS	11	11	YES	YES	3
3	Ziva	Fuentes	(815) 323-8583	addison9608@gmail.com	YL	11	11	YES	YES	14
4	Joy	Hyun	(571) 495-9874	joong.h.hyun@gmail.com	AS	11	12	YES	YES	11
5	Olivia	Kirk	(469) 274-4734	juliakirk09@gmail.com	YM	11	12	YES	YES	4
6	Sariya	Russell	214-770-8993	ddfields3@hotmail.com	AM	11	12	YES	YES	10
7	Allison	Hagen	(469) 469-3306	ajhagen13@icloud.com	AM	12	12	YES	YES	15
8	Angelrose	Manautou	(214) 434-0494	Maxinerosas@hotmail.com	AL	11	11	NEED	YES	0
9	Sawyer	Costello	(469) 865-3121	costelloh@friscoisd.org	AS	11	12	YES	YES	1
10	Kataleya	Flores	(214) 714-0354	isaiah06_19_05@yahoo.com	YM	11	11	YES	YES	12

Practice Information:	
Day:	Tuesday
Time:	8pm-9pm
Location:	Griffin



Practice Information:	
Day:	Thursday
Time:	8-9pm
Location:	Ethridge

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: TC Dunkin' Donuts

Head Coach Information	
Name	Stephanie Bush
Phone	915-867-0715
Email	<a href="mailto:stephandycasa@gmail.com">stephandycasa@gmail.com</a>



Assistant Coach Information	
Name	Adam Noll
Phone	(404) 603-6871
Email	<a href="mailto:adam.noll@protonmail.com">adam.noll@protonmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator COC	Birthdate Verification	Jersey #
1	Drew	Bush	(915) 867-0715	stephandybush@gmail.com	YM	5	5	YES	YES	4
2	Ford	Tonsi	(314) 276-7554	katherine.tonsi@gmail.com	YM	5	5	YES	YES	5
3	Briggs	Walters	(775) 741-6153	amberwalters522@gmail.com	YM	5	5	YES	YES	10
4	Jack	Schweinzger	(812) 290-3920	morgan.schweinzger@gmail.com	YM	5	5	YES	YES	11
5	William	Werner	(770) 853-8757	melissabwerner@gmail.com	YM	5	5	YES	YES	12
6	Giovanni	Latacz	(570) 220-2531	rebeccalatacz@gmail.com	YM	5	5	YES	YES	13
7	Dillon	Noll	(918) 521-4793	lnwilson02@gmail.com	YM	5	5	YES	YES	14
8	Roy	Waggoner	(972) 839-7550	ashleigh.wagg@gmail.com	YM	5	5	YES	YES	15

Practice Information:	
Day:	Tuesday
Time:	6-6:45pm
Location:	Ethridge



Practice Information:	
Day:	Thursday
Time:	6-6:45pm
Location:	Ethridge

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 12U Girls

Team Name: ETG

Head Coach Information	
Name	Reggie Surrell
Phone	972-704-8107
Email	<a href="mailto:reggie3532@yahoo.com">reggie3532@yahoo.com</a>



Assistant Coach Information	
Name	Isela Sanchez
Phone	<a href="tel:469-704-2302">469-704-2302</a>
Email	<a href="mailto:isaanhez.826@gmail.com">isaanhez.826@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Catarina	Benevides	(214) 463-3373	<a href="mailto:julianambenevides@gmail.com">julianambenevides@gmail.com</a>	YL	11	11	YES	YES	4
2	Jasmine	Chua	(239) 209-7238	<a href="mailto:jerrick.chua@yahoo.com">jerrick.chua@yahoo.com</a>	YM	11	11	YES	YES	2
3	Sofia	Delacruz	(469) 704-2302	<a href="mailto:isaanhez.826@gmail.com">isaanhez.826@gmail.com</a>	AS	11	11	YES	YES	11
4	Catalina	Nunez	(469) 879-5869	<a href="mailto:gsapien0@yahoo.com">gsapien0@yahoo.com</a>	AS	11	11	YES	YES	15
5	Sarah	Steffel	972-693-3260	<a href="mailto:arboledapatricia@hotmail.com">arboledapatricia@hotmail.com</a>	YL	11	12	YES	YES	10
6	Brennan	Zuelke	(803) 847-7715	<a href="mailto:bayla513@gmail.com">bayla513@gmail.com</a>	AS	11	12	YES	YES	14
7	Lola	Ness	(605) 390-6576	<a href="mailto:nesstermarie@gmail.com">nesstermarie@gmail.com</a>	YM	12	12	YES	YES	3
8	Genesis	Hernandez	(214) 430-2423	<a href="mailto:dennise2831@gmail.com">dennise2831@gmail.com</a>	YL	11	11	YES	YES	5
9	Paisley	Harris	(972) 917-7572	<a href="mailto:harrissquad19@gmail.com">harrissquad19@gmail.com</a>	YL	11	11	YES	YES	0
10	Anna	Doan	972-207-7090	<a href="mailto:yellowflower_ms@yahoo.com">yellowflower_ms@yahoo.com</a>	AS	11	11	NEED	NEED	12

Practice Information:	
Day:	Monday
Time:	8pm-9pm
Location:	Ethridge



Practice Information:	
Day:	Wednesday
Time:	8pm-9pm
Location:	Ethridge

# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 12U

Team Name: Gold Rush



Head Coach Information	
<b>Name:</b>	Lenecia Lockhart
<b>Phone:</b>	972-408-8808
<b>Email:</b>	leneciakollar@gmail.com

Assistant Coach Information	
<b>Name:</b>	John Lockhart
<b>Phone:</b>	972-880-1727
<b>Email:</b>	jmark0315@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	KayLynn	Knight	(972) 408-8808	leneciakollar@gmail.com	YM	1	12	12	YES	YES
2	Ezri	Mathew	1-972-679-4318	bettyg616@aol.com	AS	7	11	11	YES	YES
3	Natalie	Aguayo	(469) 642-3270	lea.roxana.p@gmail.com	AS	6	11	11	YES	YES
4	Eva	Thoppil	(214) 918-1079	aneinasu@gmail.com	AM	9	11	11	YES	YES
5	Destiny	Vasquez	(214) 870-0060	alexandraluna790@yahoo.com	AM	8	11	12	YES	YES
6	Sakthi	Vimalanath	(909) 764-9084	durgavimalanath@gmail.com	YM	2	11	12	YES	YES
7	Camila	Reyes	(214) 995-1640	maryc52@live.com	AS	5	11	12	YES	YES
8	Londyn	Tarrer	(214) 578-7252	joshuatarrer@yahoo.com	AS	4	11	11	YES	YES
9	Saanvi	Bhatt	(848) 667-0009	mohitbhatt@hotmail.com	AS	3	11	11	YES	YES
10										

Jersey Color
<b>GOLD</b>

Practice Information:	
<b>Day</b>	Monday
<b>Time</b>	6 - 7:30pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 10U

Team Name: Grenades



Head Coach Information	
<b>Name:</b>	Samantha Johnson
<b>Phone:</b>	214-882-0774
<b>Email:</b>	sbarnes1417@yahoo.com

Assistant Coach Information	
<b>Name:</b>	Thersea Shipley
<b>Phone:</b>	tm.shipley3@gmail.com
<b>Email:</b>	214-264-8123

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Cassidy	Johnson	(214) 882-0774	sbarnes1417@yahoo.com	AL	10	10	10	YES	YES
2	Legend	Russell	(704) 472-8473	vnrussell@gmail.com	YL	5	9	10	YES	YES
3	Sadie	Shipley	(214) 636-7121	tm.shipley3@gmail.com	YL	4	9	10	YES	YES
4	Chloé	Sargent	(972) 536-3068	taboriashields1@yahoo.com	AS	7	9	9	YES	YES
5	Keegan	Schieck	(817) 366-0960	klklint@gmail.com	AS	6	9	9	YES	YES
6	Emma	Pickering	(918) 418-2186	memorypickering@gmail.com	YM	3	9	10	YES	YES
7	Addison	Nesbit	(214) 704-9468	wnesbit04@yahoo.com	AL	9	8	9	YES	YES
8	Julissa	Valadez	(972) 989-5132	Jim062000@gmail.com	AM	8	9	10	YES	YES
9	Jayline	Garcia	(469) 328-7459	jayline2015@hotmail.com	YM	2	9	10	YES	YES
10	Seriyah	Robinson	(903) 651-3772	ekm081116@gmail.com	YM	1	9	9	YES	YES

Jersey Color
<b>NEON GREEN</b>

Practice Information:	
<b>Day</b>	Wednesday
<b>Time</b>	6 - 7:30pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 10U

Team Name: Hot Shots



Head Coach Information	
<b>Name:</b>	Shayne Nelson
<b>Phone:</b>	469-789-4492
<b>Email:</b>	Nelson.shayne@yahoo.com

Assistant Coach Information	
<b>Name:</b>	Michael Ouellette
<b>Phone:</b>	214-673-6048
<b>Email:</b>	crazymike1038@yahoo.com

	Player Name	Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Olivia Nelson	469-789-4492	Nelson.shayne@yahoo.com	AS	10	10	10	YES	NEED
2	Sophia Ouellette	(214) 673-6048	crazymike1038@yahoo.com	AS	9	10	11	YES	YES
3	Olivia Ouellette	(214) 673-6048	crazymike1038@yahoo.com	AS	8	9	9	YES	YES
4	Madison Jackson	(214) 580-6158	nathanjackson2479@gmail.com	YM	2	8	9	YES	YES
5	Raelynn Haile	(469) 818-6425	rojasvalerie72@yahoo.com	AS	7	10	10	YES	YES
6	Aria Fulgoni	1-508-789-4964	klbrayton@yahoo.com	YM	1	9	10	YES	NEED
7	Olivia Carter	(972) 345-4694	jctx1234@gmail.com	YL	4	10	10	YES	YES
8	Arya Domingeaux	(972) 693-4900	ensadler84@gmail.com	YL	3	10	11	YES	YES
9	Madelyn Carosh	(214) 475-3800	juliecp13@yahoo.com	AS	6	9	9	YES	YES
10	Sadie Sue Peterson	(972) 948-9015	jpeterson@hitechelectric.com	AS	5	10	10	YES	YES

Jersey Color
<b>BLACK</b>

Practice Information:	
<b>Day</b>	Friday
<b>Time</b>	5:30 - 7pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Girls

Team Name: TC Hunters

Head Coach Information	
Name	Matthew Melia
Phone	505-440-5218
Email	<a href="mailto:mmjmelia@gmail.com">mmjmelia@gmail.com</a>



Assistant Coach Information	
Name	James Wendt
Phone	469-328-0479
Email	<a href="mailto:j.wendt@yahoo.com">j.wendt@yahoo.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Ava	Abel	480-221-6308	ashleyjabel@gmail.com	YM	9	9	YES	YES	14
2	Landrie	Jarrett	(817) 676-3546	christinedjarrett@gmail.com	AS	9	10	YES	YES	1
3	McKenna	Melia	(505) 463-7714	cmmelia07@gmail.com	YM	9	9	YES	YES	10
4	Avery	Greene	214-707-1982	megan_greene@att.net	YL	8	9	YES	YES	11
5	Victoria	Manjarrez Leyva	(469) 684-9226	sreliud@hotmail.com	YM	8	9	YES	YES	5
6	Carley	Wendt	(469) 328-0479	j.wendt@yahoo.com	AS	10	10	YES	YES	2
7	Kaycee	Yarbrough	(972) 837-3915	kdyarbrough77@gmail.com	YM	9	9	YES	YES	4
8	Irulan	Mbata	(305) 515-0939	liyahdade@me.com	AM	9	9	YES	YES	3
9	Isela	Castillo	(940) 222-7415	bgo1castillo@gmail.com	YL	10	11	YES	YES	12
10										

Practice Information:	
Day:	Tuesday
Time:	7-8pm
Location:	Griffin



Practice Information:	
Day:	Wednesday
Time:	6-7pm
Location:	Griffin

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: Irish

Head Coach Information	
Name	Derek Sanchez
Phone	469-877-9376
Email	<a href="mailto:sanchezd@lisd.net">sanchezd@lisd.net</a>



Assistant Coach Information	
Name	David Sanchez
Phone	214-929-6158
Email	<a href="mailto:davidlsanchez32@gmail.com">davidlsanchez32@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Birthdate Verification	Spectator Code of Conduct	Jersey #
1	Summer	Sanchez	(817) 903-3834	Sanchez.c.lauren@gmail.com	YM	5	5	YES	YES	0
2	Landon	Williams	(646) 841-2906	nferrazzoli17@gmail.com	YM	6	6	YES	YES	1
3	Rahath	Merchant	(469) 358-6612	rehan_merchant@hotmail.com	YM	6	6	YES	YES	2
4	Elijah	Harrell	(972) 654-4434	caseyharrell11@yahoo.com	YM	5	5	YES	YES	3
5	Elena	Sanchez	(469) 268-6673	evaluis0510@gmail.com	YM	5	5	YES	YES	4
6	Kasen	Shepard	(972) 793-2304	a.hinkleallen@gmail.com	YM	5	5	YES	YES	11
7	Maddox	Clark	(502) 550-1087	jpogue9@yahoo.com	YM	6	6	NEED	YES	12
8										

Practice Information:	
Day:	Monday
Time:	6-6:45pm
Location:	Camey



Practice Information:	
Day:	Tuesday
Time:	6-6:45pm
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Boys

Team Name: King Cobras

Head Coach Information	
Name	Anthony Chocolate
Phone	972-890-4806
Email	<a href="mailto:tonychocolate1@outlook.com">tonychocolate1@outlook.com</a>



Assistant Coach Information	
Name	Amber Walker
Phone	972-890-7435
Email	<a href="mailto:amberwalker@outlook.com">amberwalker@outlook.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	AJ	Chocolate	972-890-7435	<a href="mailto:amberwalker@outlook.com">amberwalker@outlook.com</a>	YL	9	10	YES	YES	0
2	Aero	Wortham	404-556-3630	<a href="mailto:jason.wortham@gmail.com">jason.wortham@gmail.com</a>	AS	10	10	YES	YES	13
3	Luke	Lowery	(214) 240-9298	<a href="mailto:ernest.lowery@gmail.com">ernest.lowery@gmail.com</a>	YM	10	10	YES	YES	2
4	Reece	Ellis	(469) 215-0778	<a href="mailto:tabithajellis@gmail.com">tabithajellis@gmail.com</a>	AS	9	9	YES	YES	14
5	Jotham	Svosve	469-215-0778	<a href="mailto:elishaant@gmail.com">elishaant@gmail.com</a>	YM	9	9	YES	YES	3
6	Austin	Kim	469-855-8001	<a href="mailto:chrispk0116@gmail.com">chrispk0116@gmail.com</a>	YL	10	10	YES	YES	1
7	Nahshon	Nakkala	(845) 901-6416	<a href="mailto:noel.anoop@gmail.com">noel.anoop@gmail.com</a>	YM	9	9	YES	YES	4
8	RJ	Wernert	(214) 498-5025	<a href="mailto:bethsew186@aol.com">bethsew186@aol.com</a>	YM	10	10	YES	YES	5
9	Bobby	Dawkins	(940) 765-4645	<a href="mailto:cyndeejo76@yahoo.com">cyndeejo76@yahoo.com</a>	AM	10	10	YES	YES	10
10										

Practice Information:	
Day:	Monday
Time:	6pm-7pm
Location:	Recreation Center



Practice Information:	
Day:	Thursday
Time:	7pm-8pm
Location:	Ethridge

# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 12U

Team Name: Lady Tigers



Head Coach Information	
<b>Name:</b>	Samantha Ramirez
<b>Phone:</b>	214-991-4342
<b>Email:</b>	samanthaburnside17@yahoo.com

Assistant Coach Information	
<b>Name:</b>	Silvia Ochoa
<b>Phone:</b>	469-556-1753
<b>Email:</b>	siochoa13@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Hadley	Rodriguez	(940) 368-7863	megan.rodriguez@hotmail.com	YL	6	10	10	YES	YES
2	Reagan	Reed	(214) 587-3626	wthomas211@gmail.com	YM	3	10	10	YES	YES
3	Eva	Monson	(469) 500-6800	dparker4157@hotmail.com	YM	2	11	11	YES	YES
4	Aliyah	Garcia	(469) 203-5868	gstphanie409@gmail.com	YL	5	11	12	YES	YES
5	Aubree	Ramirez	(214) 991-4342	samanthaburnside17@yahoo.com	AM	10	10	10	YES	YES
6	Parker	Ramirez	(214) 493-2241	adwade_2000@yahoo.com	YL	4	10	11	YES	YES
7	Marcella	Minero	(469) 556-1753	Siochoa13@gmail.com	AM	9	9	10	YES	YES
8	Alexa	Alvarez	(469) 358-4424	janegarcia12@live.com	AM	8	12	13	NEED	YES
9	Arabella	Dorado	(972) 249-8201	martinezdaisy10@yahoo.com	AM	7	10	11	YES	YES
10	Selena	Reeves	(214) 403-8132	alermz5@gmail.com	YM	1	10	11	YES	YES

Jersey Color
<b>PURPLE</b>

Practice Information:	
<b>Day</b>	Friday
<b>Time</b>	6:30 - 8pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 12U

Team Name: Lady Warriors



Head Coach Information	
<b>Name:</b>	Alicia Galvan
<b>Phone:</b>	214-499-5266
<b>Email:</b>	aigalvan1@yahoo.com

Assistant Coach Information	
<b>Name:</b>	Patricia Steffel
<b>Phone:</b>	972-693-3260
<b>Email:</b>	arboledapatricia@hotmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Isabella	Hines	(214) 499-5266	aigalvan1@yahoo.com	AS	9	10	11	YES	YES
2	Sarah	Steffel	972-869-33260	arboledapatricia@hotmail.com	YL	3	11	12	YES	YES
3	Charlotte	Caufield	(469) 879-5088	michaelcaufield@gmail.com	AM	10	12	12	YES	YES
4	Isabella	Cardenas	(469) 996-5621	carrilloericka88@gmail.com	AS	8	11	12	YES	YES
5	Arianna	Castaneda	(469) 471-3427	tapia_paola@yahoo.com	AS	7	11	12	YES	YES
6	Genesis	Hernandez	(214) 430-2423	dennise2831@gmail.com	YL	2	11	12	YES	YES
7	Sofia	Delacruz	(469) 704-2302	isaanchez.826@gmail.com	AS	6	11	11	YES	YES
8	Camila	Meza	(214) 940-7781	nayla.hernandez@gmail.com	YM	1	11	12	YES	YES
9	Savannah	Moore	(903) 724-5004	jea.moore08@gmail.com	AS	5	11	11	YES	YES
10										

Jersey Color
<b>BLACK</b>

Practice Information:	
<b>Day</b>	Thursday
<b>Time</b>	6 - 7:30pm
<b>Location</b>	Lakeview



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 10U

Team Name: Legacy Ladies



Head Coach Information	
<b>Name:</b>	Lauren Karotkin
<b>Phone:</b>	4697348334
<b>Email:</b>	laurenkarotkin01@gmail.com

Assistant Coach Information	
<b>Name:</b>	Alyssa Norton
<b>Phone:</b>	214-803-9779
<b>Email:</b>	alyssanorton5025@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Isabella	Muela	(972) 983-9671	Maria.Trammell7@gmail.com	AM	9	9	10	YES	YES
2	Elle	Leonard	(832) 918-9829	tonyalouise@gmail.com	AS	7	9	9	YES	YES
3	Victoria	Alvarez	(214) 934-0309	mleydi81@gmail.com	YL	6	9	9	YES	YES
4	Alina	Davis	(214) 274-3923	santodvs79@yahoo.com	YM	4	10	10	YES	YES
5	Jocelyn	Daughters-Norton	(972) 730-2424	anorton919@gmail.com	YM	3	10	10	YES	YES
6	London	Haymon	972-505-5123	Melvinasparks@gmail.com	YL	5	9	9	YES	YES
7	Isabella	Samaniego	469-450-7353	samaniegoerik13@yahoo.com	AL	10	10	11	YES	YES
8	Anya	Morris	(913) 575-5739	jmorris1112@yahoo.com	YM	2	10	11	YES	YES
9	Vidalia	Washington	(214) 426-4302	colormepretty101@gmail.com	AM	8	10	10	YES	YES
10	Johanna	Sabumon	(682) 300-5287	binusabumon@yahoo.com	YM	1	10	11	YES	YES

Jersey Color
<b>Light Blue</b>

Practice Information:	
<b>Day</b>	Mondays
<b>Time</b>	7:30 - 9pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Boys

Team Name: Lewisville Lakers

Head Coach Information	
Name	Kristen Stone
Phone	806-382-5831
Email	<a href="mailto:kristenstone806@gmail.com">kristenstone806@gmail.com</a>



Assistant Coach Information	
Name	Kevin Stone
Phone	<a href="mailto:stone.kevin86@gmail.com">stone.kevin86@gmail.com</a>
Email	806-677-6944

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Ripley	Stone	(806) 382-5831	<a href="mailto:kristenstone806@gmail.com">kristenstone806@gmail.com</a>	AS	10	11	YES	YES	0 (x2)
2	Jaxon	Harris	(469) 951-6721	<a href="mailto:jaxonmom77@gmail.com">jaxonmom77@gmail.com</a>	YM	9	9	YES	YES	15
3	Jerson	Montenegro	(214) 636-7453	<a href="mailto:rojason15@gmail.com">rojason15@gmail.com</a>	YL	10	11	YES	YES	10
4	Nolan	ORear	(469) 476-9293	<a href="mailto:kerryannerea@gmail.com">kerryannerea@gmail.com</a>	AS	10	10	YES	YES	1
5	Luke	Tacker	(325) 518-5277	<a href="mailto:thetackshow@gmail.com">thetackshow@gmail.com</a>	YM	10	10	YES	YES	14
6	Blake	Blacketer	(806) 224-9041	<a href="mailto:vballblondy@aol.com">vballblondy@aol.com</a>	YL	9	9	YES	YES	2
7	Thaddeus	Phillips	(503) 830-6360	<a href="mailto:west1homes@gmail.com">west1homes@gmail.com</a>	YM	9	9	YES	YES	13
8	Aidan	Chavez	(469) 968-6998	<a href="mailto:misscastro18@yahoo.com">misscastro18@yahoo.com</a>	YM	9	9	YES	YES	12
9	Liam	Guerrero	(619) 816-7889	<a href="mailto:Joe.x.Guerrero@gmail.com">Joe.x.Guerrero@gmail.com</a>	YM	10	11	YES	YES	11
10										

Practice Information:	
Day:	Monday
Time:	7pm-8pm
Location:	Ethridge



Practice Information:	
Day:	Wednesday
Time:	7pm-8pm
Location:	Recreation Center

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: Little Cougars

Head Coach Information	
Name	Kyle Simmons
Phone	214-733-7437
Email	soldier4christjesus@gmail.com



Assistant Coach Information	
Name	Geoffrey Eglen
Phone	469-279-9809
Email	Geoffreyeglen@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Ja'Karyi	Whorton	(317) 419-7660	symoneperkinsefda@gmail.com	YM	6	6	YES	YES	0
2	Jamison	Threlfall	214-984-2616	kaitlynthrelfall18@gmail.com	YM	5	5	YES	YES	1
3	Kai	Shah	(602) 672-7121	sabeenriaz@gmail.com	YM	5	5	YES	YES	2
4	Luca	Horsley	(469) 273-0403	dhorsley521@gmail.com	YM	5	6	YES	YES	3
5	Purcilla	Lister	(214) 244-5873	Ken@lister.ws	YM	5	5	YES	YES	4
6	Kaia	Eglen	(469) 279-9809	geoffreyeglen@gmail.com	YM	5	5	YES	YES	5
7	Hayes	Simmons	214-733-7437	soldier4christjesus@gmail.com	YM	5	5	YES	NEED	10
8	Ozzy	Blades	801-979-1048	cosperraquel@gmail.com	YM	4	4	YES	NEED	11

Practice Information:	
Day:	Wednesday
Time:	6-6:45pm
Location:	Ethridge



Practice Information:	
Day:	
Time:	
Location:	

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: LOBOS

Head Coach Information	
Name	Max Tonsi
Phone	512-560-2751
Email	<a href="mailto:max.tonsi@gmail.com">max.tonsi@gmail.com</a>



Assistant Coach Information	
Name	Chance Louis
Phone	214-673-4750
Email	<a href="mailto:chancelouis06@gmail.com">chancelouis06@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator COC	Birthdate Verification	Jersey #
1	Jack	Tonsi	(314) 276-7554	katherine.tonsi@gmail.com	YM	5	5	YES	YES	0
2	Case	Louis	(214) 673-4750	lauraelouis@gmail.com	YM	6	6	YES	YES	1
3	Gavin	Parker	(816) 215-0364	jason.parker@jedunn.com	YM	6	7	YES	YES	2
4	Charlie	Sharlow	(978) 621-1635	miller.w.lindsay@gmail.com	YM	6	6	YES	YES	3
5	Liam	Fitzpatrick	(469) 441-2655	andrea@fitzpatrickteam.net	YM	6	7	YES	YES	4
6	Nolan	Grones	(512) 736-1855	raustin711@gmail.com	YM	6	7	YES	YES	5
7	Judah	Obert	(214) 264-7028	dueydfwrealtor@gmail.com	YM	6	6	YES	YES	10
8	Reid	Kennedy	(214) 405-8896	laurenmkennedy18@gmail.com	YM	6	6	YES	YES	11

Practice Information:	
Day:	Monday
Time:	6-6:45pm
Location:	Ethridge



Practice Information:	
Day:	Wednesday
Time:	6-6:45pm
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Boys

Team Name: Longhorns

Head Coach Information	
Name	Troy Webster
Phone	972-768-2057
Email	<a href="mailto:taw09a@acu.edu">taw09a@acu.edu</a>



Assistant Coach Information	
Name	Kayla Poff
Phone	214-995-5693
Email	<a href="mailto:zayden.mcdaniel2015@gmail.com">zayden.mcdaniel2015@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Alex	Webster	(972) 768-2057	<a href="mailto:bekahwebster@gmail.com">bekahwebster@gmail.com</a>	YM	9	9	YES	YES	0
2	Mike	Webster	(972) 768-2057	<a href="mailto:bekahwebster@gmail.com">bekahwebster@gmail.com</a>	YM	9	9	YES	YES	1
3	Zeke	Webster	(972) 768-2057	<a href="mailto:bekahwebster@gmail.com">bekahwebster@gmail.com</a>	YM	9	9	YES	YES	2
4	Eli	Martin	(469) 465-0118	<a href="mailto:cristian.v.sanchez@gmail.com">cristian.v.sanchez@gmail.com</a>	AS	9	9	YES	YES	4
5	Chase	West	(574) 520-0671	<a href="mailto:latisha0207@gmail.com">latisha0207@gmail.com</a>	YM	9	9	YES	YES	3
6	Zayden	McDaniel	214-995-5693	<a href="mailto:zayden.mcdaniel2015@gmail.com">zayden.mcdaniel2015@gmail.com</a>	YL	9	10	YES	YES	15
7	Greyson	Kerr	(469) 594-5696	<a href="mailto:gabrielle.a.kerr@gmail.com">gabrielle.a.kerr@gmail.com</a>	YL	9	9	YES	YES	5
8	Jerminic	Smith	214-930-4470	<a href="mailto:halyeberry1@yahoo.com">halyeberry1@yahoo.com</a>	YL	9	9	NEED	YES	10
9	David	Obihara	(908) 812-8591	<a href="mailto:uobihara@yahoo.com">uobihara@yahoo.com</a>	YL	9	9	YES	YES	14
10	Grant	Harvey	940-231-2145	<a href="mailto:jlharvey8@gmail.com">jlharvey8@gmail.com</a>	YL	9	9	YES	YES	13

Practice Information:	
Day:	Monday
Time:	7pm-8pm
Location:	Recreation Center



Practice Information:	
Day:	Wednesday
Time:	7pm-8pm
Location:	Griffin

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 8U Boys

Team Name: Mavericks

Head Coach Information	
Name	Cee Weatherington
Phone	214-684-8586
Email	<a href="mailto:cee7207@gmail.com">cee7207@gmail.com</a>



Assistant Coach Information	
Name	
Phone	
Email	

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Quintin	Quinones	(214) 412-5335	megganquinones11@gmail.com	YL	6	6	YES	YES	11
2	Ian	Cepeda	(214) 449-6601	priscilla_cepeda@yahoo.com	YM	7	8	YES	YES	5
3	Dash	Bruce	(646) 567-0204	denbruce@me.com	YM	7	7	YES	YES	10
4	Chandler	Riley	(214) 240-7203	cmriley61016@gmail.com	YM	7	7	YES	YES	0
5	Barrett	Runyon	(469) 258-0326	laurenrunyon@gmail.com	YM	8	8	YES	YES	1
6	Wesley	Weatherington	(214) 684-8586	cellis3699@gmail.com	YM	6	6	YES	YES	13
7	Lorenzo	Sanchez	(469) 268-6673	evaluis0510@gmail.com	YL	7	7	YES	YES	12
8	Ethan	Winters	(214) 923-4156	rnicoli88@gmail.com	YM	7	7	YES	YES	14
9	Aiden	Lister	(214) 244-5873	Ken@lister.ws	YM	7	7	YES	YES	15
10	Jr	Carniero	(469) 999-8454	bcarniero@yahoo.com	AM	8	8	YES	YES	4

Practice Information:	
Day:	Tuesday
Time:	6pm-6:45pm
Location:	Ethridge



Practice Information:	
Day:	Wednesday
Time:	6pm-6:45pm
Location:	Ethridge

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Boys

Team Name: Mavericks

Head Coach Information	
Name	Cee Weatherington
Phone	214-684-8586
Email	<a href="mailto:cee7207@gmail.com">cee7207@gmail.com</a>



Assistant Coach Information	
Name	Hillary Fulton
Phone	972-375-1067
Email	<a href="mailto:Hillary.fulton0905@gmail.com">Hillary.fulton0905@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Davyeon	Gilliard	(972) 510-4077	js332911@gmail.com	YM	9	9	YES	YES	5
2	Kyrie	Jones	(214) 886-6758	Lindsrene12@gmail.com	YM	9	9	YES	YES	4
3	Christian	Friend	(972) 814-1717	delanypeel1978@gmail.com	AS	9	10	YES	YES	15
4	Salyer	Fulton	(972) 375-1067	hillary.fulton0905@gmail.com	YM	9	9	YES	YES	10
5	Israel	Rodriguez	(214) 769-5433	drod66@msn.com	YL	10	11	YES	YES	0
6	Brock	Lopez	(254) 563-9947	rlopezjr3130@gmail.com	YM	9	9	YES	YES	1
7	Elijah	Russell	214-770-8993	ddfields3@hotmail.com	YL	10	10	YES	YES	11
8	Micah	Frey	(916) 317-8877	freysfarm@gmail.com	YM	10	10	YES	YES	2
9	Carter	King	(972) 567-5437	dwayneking1990@gmail.com	YM	10	11	YES	YES	3
10	Quincy	Quinones	(214) 412-5335	megganquinones11@gmail.com	YL	10	10	YES	YES	13

Practice Information:	
Day:	Tuesday
Time:	7pm-8pm
Location:	Ethridge



Practice Information:	
Day:	Wednesday
Time:	7pm-8pm
Location:	Ethridge

# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 10U

Team Name: Neon Nets



Head Coach Information	
<b>Name:</b>	Leigh Costello
<b>Phone:</b>	214-620-9540
<b>Email:</b>	Lcathrync1919@gmail.com

Assistant Coach Information	
<b>Name:</b>	Brittany Hutchins
<b>Phone:</b>	hutchins.britt@gmail.com
<b>Email:</b>	714-656-7541

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Baeleigh	Costello	(214) 620-9540	lcostello@multimediasolutionsgroup.com	AS	10	10	10	YES	YES
2	Hailey	Winters	(214) 923-4156	rnicoli88@gmail.com	YL	9	10	10	YES	YES
3	Penelope	Luthin	(940) 395-3822	taytij@yahoo.com	YM	4	9	9	YES	YES
4	Bria	Lad	(903) 744-3674	bhavilad510@gmail.com	YM	3	9	9	YES	YES
5	Abbie	Sweat	(832) 316-2084	laken.mccormick.22@gmail.com	YL	8	10	11	YES	YES
6	Evie	Grammer	(949) 258-2624	jaymielee08@icloud.com	YL	7	9	10	YES	YES
7	Leila	Tibbles	1-469-247-3187	heather.tibbles@gmail.com	YM	2	9	10	YES	YES
8	Victoria	Bugeja	(817) 821-7232	lilyqian2014@gmail.com	YL	6	10	10	YES	YES
9	Rameen	Salman	(214) 897-5124	sunayna979@gmail.com	YM	1	9	10	YES	YES
10	Brooklynn	Ragin	(501) 247-4897	kashaylaa@gmail.com	YL	5	9	10	YES	YES

Jersey Color
NEON ORANGE

Practice Information:	
<b>Day</b>	Wednesday
<b>Time</b>	6 - 7:30pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 8U Boys

Team Name: Panthers

Head Coach Information	
Name	Kiersten Soto
Phone	469-714-1530
Email	<a href="mailto:kierstinsoto@gmail.com">kierstinsoto@gmail.com</a>



Assistant Coach Information	
Name	Jonathan Palomino
Phone	469-919-4127
Email	<a href="mailto:jpalomino124@gmail.com">jpalomino124@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectaor Code of Conduct	Birthdate Verification	Jersey #
1	Kaash	Brown	(469) 400-5804	trey@welloffwealth.com	YL	8	9	YES	YES	14
2	Gianluca	Arango	(945) 713-2458	lizethvanessa918@gmail.com	AS	8	8	YES	YES	10
3	Lucas	Colon	(214) 690-3482	mtmc15@gmail.com	YM	7	7	YES	YES	0
4	Raiden	Martinez	(940) 703-1467	stacie_g08@yahoo.com	YM	8	8	YES	YES	1
5	Ryker	Blanco	(469) 644-6595	akmarlowe@yahoo.com	YM	7	7	YES	YES	2
6	Toby	Hoang	(970) 691-8915	dhoang0826@gmail.com	YM	7	7	YES	YES	3
7	Maddox	Le	(214) 492-9143	julie.van25@gmail.com	YM	7	7	YES	YES	4
8	Jonah	Palomino	(903) 987-0945	cassc618@gmail.com	YM	8	8	YES	YES	11
9	Aiden	Hoffman	972-951-6639	ashleyhula@gmail.com	YM	8	8	YES	YES	12
10	Reiri	Yamazaki	248-513-0858	akiko.y1210@gmail.com	YM	8	8	YES	YES	15

Practice Information:	
Day:	Tuesday
Time:	7:30-8:15
Location:	Camey



Practice Information:	
Day:	Thursday
Time:	7:30-8:15
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 8U Girls

Team Name: Playground Legends

Head Coach Information	
Name	Nate Jackson
Phone	214-580-6158
Email	<a href="mailto:nathanjackson2479@gmail.com">nathanjackson2479@gmail.com</a>



Assistant Coach Information	
Name	Shayne Nelson
Phone	469-789-4492
Email	<a href="mailto:Nelson.shayne@yahoo.com">Nelson.shayne@yahoo.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Birthdate Verification	Spectator Code of Conduct	Jersey #
1	Madison	Jackson	(214) 580-6158	<a href="mailto:nathanjackson2479@gmail.com">nathanjackson2479@gmail.com</a>	YM	8	8	YES	YES	1
2	Lauren	Watson	1-636-579-6624	<a href="mailto:rwatsonii.1906@gmail.com">rwatsonii.1906@gmail.com</a>	YL	7	7	YES	YES	15
3	Sahana	Mylapalli	(660) 541-2408	<a href="mailto:mvsrkvishal@gmail.com">mvsrkvishal@gmail.com</a>	YM	8	8	YES	NEED	2
4	Harper	Nelson	1-469-789-4492	<a href="mailto:Nelson.shayne@yahoo.com">Nelson.shayne@yahoo.com</a>	YM	8	8	YES	NEED	3
5	Erin	Collier	(214) 440-8433	<a href="mailto:E.D.COLLIER@icloud.com">E.D.COLLIER@icloud.com</a>	YM	8	9	YES	YES	4
6	Natalya Rubi	Hernandez	(469) 438-7938	<a href="mailto:boxervn1983@gmail.com">boxervn1983@gmail.com</a>	YM	8	8	YES	YES	11
7	Regan	Walker	(972) 946-2718	<a href="mailto:Mskrae55@gmail.com">Mskrae55@gmail.com</a>	YM	8	9	YES	YES	12
8	Auree	Powell	(318) 655-7753	<a href="mailto:kaliecoley@gmail.com">kaliecoley@gmail.com</a>	YM	8	8	YES	YES	0
9	Bodhi	Harper	(757) 535-2547	<a href="mailto:dwayneharper714@gmail.com">dwayneharper714@gmail.com</a>	YM	7	7	YES	YES	14
10	Milin	Chen	940-597-4920	<a href="mailto:mhchen.edu@gmail.com">mhchen.edu@gmail.com</a>	YM	8	9	YES	NEED	5

Practice Information:	
Day:	Tuesday
Time:	6pm-6:45pm
Location:	Recreation Center



Practice Information:	
Day:	Wednesday
Time:	6pm-6:45pm
Location:	Recreation Center

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Girls

Team Name: Playground Legends

Head Coach Information	
Name	Nate Jackson
Phone	214-580-6158
Email	<a href="mailto:nathanjackson2479@gmail.com">nathanjackson2479@gmail.com</a>



Assistant Coach Information	
Name	Devin Pruett
Phone	469-878-2473
Email	<a href="mailto:spokenelement@yahoo.com">spokenelement@yahoo.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	AnnaBelle	Hill	(214) 783-4823	penny.moats@me.com	YM	10	10	YES	YES	12
2	Shruti	Putta	(754) 999-0099	priyapputta@gmail.com	YL	9	9	YES	YES	3
3	Olivia	Pruett	972-832-4987	Virgimorales90@gmail.com	AS	9	9	YES	YES	2
4	Olivia	Nelson	1-469-789-4492	Nelson.shayne@yahoo.com	AS	9	10	YES	YES	4
5	London	Watson	1-636-579-6624	rwatsonii.1906@gmail.com	YL	9	9	YES	YES	14
6	Saanvi	Varanasi	(678) 777-4196	bvenugo@gmail.com	AL	9	9	YES	YES	15
7	Kaydee	Billy	(214) 770-4821	brandimcdaniel44@gmail.com	YL	9	9	YES	YES	13
8	Sophia	Ouellette	(214) 673-6048	crazymike1038@yahoo.com	AS	9	9	NEED	YES	5
9	Olivia	Ouellette	(214) 673-6048	crazymike1038@yahoo.com	AS	10	11	NEED	YES	10
10	Isabella	Muela	(972) 983-9671	Maria.Trammell7@gmail.com	AM	9	9	YES	YES	1

Practice Information:	
Day:	Tuesday
Time:	6:45-7:45
Location:	Recreation Center



Practice Information:	
Day:	Wednesday
Time:	6:45-7:45
Location:	Recreation Center

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 8U Boys

Team Name: Raptors

Head Coach Information	
Name	Alex Marshall
Phone	972-743-9937
Email	<a href="mailto:handro03@yahoo.com">handro03@yahoo.com</a>



Assistant Coach Information	
Name	
Phone	
Email	

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Turner	Gass	(469) 657-8505	gtifeni@yahoo.com	YM	8	8	YES	YES	5
2	Cannon	Payne	(469) 855-8907	jordan20payne@gmail.com	YM	7	7	YES	YES	10
3	Dylan	Zuniga	(972) 878-4911	yosselyn441@icloud.com	AS	8	9	NEED	YES	3
4	Dominic	Fulgoni	(508) 789-4964	klbrayton@yahoo.com	YM	7	8	YES	YES	11
5	Warren	Snead	(469) 993-7187	brentlyshipchandler@gmail.com	YL	8	8	YES	YES	0
6	Ezra	Trotter	(214) 535-5391	Trottermike84@gmail.com	YL	8	8	YES	YES	1
7	Matthew	Kim	(281) 840-7436	dongwook7435@gmail.com	YM	7	7	NEED	YES	12
8	David	Martinez Lopez	337-326-8602	adrianmtz17@hotmail.com	YM	7	8	NEED	YES	13
9	Memphis	Marshall	972-743-9937	Handro03@yahoo.com	YM	8	8	YES	YES	14
10	Bishop "kai"	Joseph - William	(469) 777-2953	williesdestiny27@gmail.com	YM	8	9	YES	YES	15

Practice Information:	
Day:	Tuesday
Time:	6:45-7:30pm
Location:	Camey



Practice Information:	
Day:	Thursday
Time:	6:45-7:30pm
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 12U Boys

Team Name: Raptors

Head Coach Information	
Name	Dennis Bruce
Phone	646-567-0204
Email	<a href="mailto:denbruce@me.com">denbruce@me.com</a>



Assistant Coach Information	
Name	Tiffany Walker
Phone	<a href="tel:631-338-0409">631-338-0409</a>
Email	<a href="mailto:dallaswalkerbruce@gmail.com">dallaswalkerbruce@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Birthdate Verification	Spectator COC	Jersey #
1	Dallas	Bruce	(646) 567-0204	denbruce@me.com	YL	12	12	YES	YES	15
2	Mason	Dean	(469) 387-8719	jaynad55@yahoo.com	YL	11	11	YES	YES	14
3	Abner	Chapoy	(214) 529-6450	melissachapoy@gmail.com	AM	11	11	YES	NEED	5
4	Julian	Flores	972-469-2656	Josiahcruz66@gmail.com	YL	11	11	YES	YES	4
5	Langston	Hughlett	469-438-5833	lannahugh@hotmail.com	YM	11	11	YES	YES	0
6	Noah	Friend	(972) 814-1717	delanypeel1978@gmail.com	AM	12	12	YES	NEED	11
7	Maddux	Rush	(214) 995-5516	kristirush82@gmail.com	YL	12	12	YES	YES	3
8	Jose	Graciano	1-469-274-3522	josegraciano1991@gmail.com	AM	12	12	YES	YES	12
9	Ty	Lewis	(972) 322-3546	Sundaywillis@gmail.com	AS	11	12	YES	YES	1
10										

Practice Information:	
Day:	Wednesday
Time:	8pm-9pm
Location:	Griffin



Practice Information:	
Day:	Thursday
Time:	8pm-9pm
Location:	Recreation Center

# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 12U

Team Name: Set Sweethearts



Head Coach Information	
<b>Name:</b>	Maxine Manautou
<b>Phone:</b>	214-434-0494
<b>Email:</b>	Maxine.manautou@outlook.com

Assistant Coach Information	
<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	

	Player Name	Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Angelrose Manautou	(214) 434-0494	Maxinerosas@hotmail.com	AM	9	11	11	YES	YES
2	Alessandra Alfaro	(972) 510-3513	johanna.alva@yahoo.com	AS	7	10	11	YES	YES
3	Juliette Collazos	(214) 683-9797	beckycollazos@gmail.com	AS	6	11	11	YES	YES
4	Amira Jones	(626) 644-8570	tneshela@aol.com	AS	5	11	11	YES	YES
5	Kimberly McDonald	(469) 262-9619	shanelprice89@gmail.com	AS	4	11	11	YES	YES
6	Kenedeigh Brown	(469) 476-8585	brooklynsestates@gmail.com	AL	10	11	12	YES	YES
7	Emma Berry	(850) 221-4693	judyelizabeth82@hotmail.com	AM	8	12	13	YES	YES
8	Nandika Ananth	1-469-401-0576	anju.venugopal@gmail.com	YM	1	11	11	YES	YES
9	Fernanda Morado	(678) 577-6096	anafuyivara@gmail.com	YL	2	10	10	YES	YES
10	Dakota Bruce	(646) 567-0204	denbruce@me.com	AS	3	10	11	YES	YES

Jersey Color
ROYAL

Practice Information:	
<b>Day</b>	Thursday
<b>Time</b>	7:30 - 9pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 8U

Team Name: Shake - It- Off



Head Coach Information	
Name:	Kristen Stone
Phone:	806-382-5831
Email:	kristenstone806@gmail.com

Assistant Coach Information	
Name:	Kevin Stone
Phone:	806-677-6944
Email:	stone.kevin86@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Sadie	Stone	(806) 382-5831	kristenstone806@gmail.com	AS	10	8	9	YES	YES
2	Aubrey	Mathew	972-679-4318	bettyg616@aol.com	YM	6	8	8	YES	YES
3	Nevaeh	Covington	(972) 983-6240	kyliecovington@aol.com	YL	9	8	8	YES	NEED
4	Savannah	Hock	(972) 310-7112	steviehock@gmail.com	YL	8	8	9	YES	YES
5	Holland	Kelley	(806) 281-7211	fbalkk2003@yahoo.com	YM	5	8	9	YES	YES
6	Yvonne	Segner	(214) 289-1867	segnertb@gmail.com	YM	4	7	8	YES	YES
7	Elliott	Munoz	(972) 859-9942	munoz.jonathan0719@gmail.com	YL	7	8	8	YES	YES
8	Kate	Hibbard	(817) 715-9529	hibbardhr@gmail.com	YM	3	8	9	YES	YES
9	Brinley	Perez	(214) 534-3973	tinabell84@hotmail.com	YM	2	8	8	YES	YES
10	Maram Aalia	Bahaeddine	(940) 343-1892	Chitzzy1986@gmail.com	YM	1	8	8	YES	YES

Jersey Color
LIGHT BLUE

Practice Information:	
Day	Monday
Time	6 - 7:30pm
Location	The Colony Recreation Center



# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: Spurs

Head Coach Information	
Name	Patrick Vernor
Phone	361-815-6309
Email	<a href="mailto:patvernor@gmail.com">patvernor@gmail.com</a>



Assistant Coach Information	
Name	Jeff Riley
Phone	580-878-0323
Email	<a href="mailto:jrile377@yahoo.com">jrile377@yahoo.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Damian	Pinkerton	(214) 566-1099	<a href="mailto:kdavidson0502@yahoo.com">kdavidson0502@yahoo.com</a>	YM	5	5	YES	YES	5
2	Layla	Fraze	682-298-6888	<a href="mailto:stephaniefraze@outlook.com">stephaniefraze@outlook.com</a>	YM	5	5	YES	YES	11
3	Callie	King	(972) 567-5437	<a href="mailto:dwayneking1990@gmail.com">dwayneking1990@gmail.com</a>	YM	5	5	YES	YES	12
4	Creighton	Dowden	(574) 849-8389	<a href="mailto:fioritto22@gmail.com">fioritto22@gmail.com</a>	YL	5	5	YES	YES	10
5	Christian	Riley	(214) 240-7203	<a href="mailto:cmriley61016@gmail.com">cmriley61016@gmail.com</a>	YM	5	5	YES	YES	13
6	Noah	Vernor	(361) 815-6309	<a href="mailto:patvernor@gmail.com">patvernor@gmail.com</a>	YM	5	5	YES	YES	14
7	James	Ruane	(702) 328-3161	<a href="mailto:katiealioruane@gmail.com">katiealioruane@gmail.com</a>	YM	5	5	YES	YES	15
8										

Practice Information:	
Day:	Monday
Time:	6:45-7:30pm
Location:	Camey



Practice Information:	
Day:	
Time:	
Location:	

# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 12U

Team Name: Sweet Digs



Head Coach Information	
<b>Name:</b>	Erica Jacobs
<b>Phone:</b>	940-597-0896
<b>Email:</b>	ericajacobs@projectmommytribe.com

Assistant Coach Information	
<b>Name:</b>	Ebony Love
<b>Phone:</b>	972-207-5322
<b>Email:</b>	ebony.lovems@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Hannah	Daniel	(713) 419-3833	anniejohn00@yahoo.com	YL	5	11	11	YES	YES
2	Persaeis	Domínguez	(214) 254-6368	preciouscartwright@outlook.com	YL	4	11	12	YES	YES
3	Janaya	Gasparro	(702) 445-0392	buddahlova56@gmail.com	AS	7	12	12	YES	YES
4	Kayla	Meza	(214) 783-5599	vero_meza@ymail.com	YL	3	10	11	YES	YES
5	Kennedy	Niebrand	(214) 680-4937	randileigh83@yahoo.com	AM	10	11	11	YES	YES
6	Ava	Jacobs	(940) 597-0896	ericajacobs@projectmommytribe.com	YL	2	11	11	YES	YES
7	Kinsley	Miller	(405) 824-3032	millerty2406@gmail.com	AS	6	11	11	YES	YES
8	Kataleya	Flores	(214) 714-0354	isaiah06_19_05@yahoo.com	YL	1	11	11	YES	YES
9	Sariya	Russell	(214) 770-8993	ddfields3@hotmail.com	AM	9	11	12	YES	YES
10	Lina	Bahaeddine	(940) 343-1892	Chitzzy1986@gmail.com	AM	8	11	11	YES	YES

Jersey Color
<b>LIGHT BLUE</b>

Practice Information:	
<b>Day</b>	Tuesday
<b>Time</b>	7:30 - 9pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 6U COED

Team Name: The Colony Mavericks

Head Coach Information	
Name	Brandon Collins
Phone	214-218-0274
Email	<a href="mailto:Bcolli13@me.com">Bcolli13@me.com</a>



Assistant Coach Information	
Name	Rodrigo Ramirez
Phone	214-505-8196
Email	<a href="mailto:rigoramirez0224@gmail.com">rigoramirez0224@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code Of Conduct	Birthdate Verification	Jersey #
1	Aximilian	Ramirez	(214) 505-8196	<a href="mailto:brittanyh0224@gmail.com">brittanyh0224@gmail.com</a>	YM	6	6	YES	YES	0
2	Jeffrey	Ballor	(469) 387-4873	<a href="mailto:Jenna.m.nowlin@gmail.com">Jenna.m.nowlin@gmail.com</a>	YM	6	6	YES	YES	1
3	D'Angelo	Davis	(469) 679-7871	<a href="mailto:sierramata15@hotmail.com">sierramata15@hotmail.com</a>	YM	6	6	YES	YES	2
4	Ian	Nowicki	(817) 312-3613	<a href="mailto:lmburns86@gmail.com">lmburns86@gmail.com</a>	YM	6	6	YES	YES	3
5	Rowen	Anderson	(214) 608-1460	<a href="mailto:sally.anderson2010@hotmail.com">sally.anderson2010@hotmail.com</a>	YM	6	6	YES	YES	12
6	Juliet	Horner	(214) 499-5215	<a href="mailto:rainahorner@yahoo.com">rainahorner@yahoo.com</a>	YM	6	6	YES	YES	13
7	Leonard	Lahoud	1 469-346-9550	<a href="mailto:19martinez19@gmail.com">19martinez19@gmail.com</a>	YM	6	6	YES	YES	14
8	Pia	Portillo	972-984-0784	<a href="mailto:taylorfrey@ymail.com">taylorfrey@ymail.com</a>	YM	6	6	YES	YES	15

Practice Information:	
Day:	Tuesday
Time:	6-6:45pm
Location:	Camey



Practice Information:	
Day:	Thursday
Time:	6-6:45pm
Location:	Camey

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 8U Girls

Team Name: The Golden State Girls

Head Coach Information	
Name	Kristen Stone
Phone	806-382-5831
Email	<a href="mailto:kristenstone806@gmail.com">kristenstone806@gmail.com</a>



Assistant Coach Information	
Name	Kevin Stone
Phone	806-677-6944
Email	<a href="mailto:stone.kevin86@gmail.com">stone.kevin86@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Sadie	Stone	(806) 382-5831	<a href="mailto:kristenstone806@gmail.com">kristenstone806@gmail.com</a>	YL	8	9	YES	YES	12
2	Nevaeh	Covington	(972) 983-6240	<a href="mailto:kyliecovington@aol.com">kyliecovington@aol.com</a>	YL	8	8	YES	YES	13
3	Aubrey	Mathew	972-679-4318	<a href="mailto:bettyg616@aol.com">bettyg616@aol.com</a>	YM	8	8	YES	YES	0
4	Holland	Kelley	(806) 281-7211	<a href="mailto:fballkk2003@yahoo.com">fballkk2003@yahoo.com</a>	YM	8	9	YES	YES	1
5	Jurnei	Banks	(469) 952-7723	<a href="mailto:cdraddock2003@yahoo.com">cdraddock2003@yahoo.com</a>	YM	8	8	YES	YES	2
6	Juliana	Amaya	(214) 477-1374	<a href="mailto:amayaana80@gmail.com">amayaana80@gmail.com</a>	YL	7	7	YES	YES	15
7	Blessing	Parker	(945) 300-1592	<a href="mailto:myesha.rparker@icloud.com">myesha.rparker@icloud.com</a>	AS	8	8	YES	YES	3
8	Elliott	Munoz	(972) 859-9942	<a href="mailto:munoz.jonathan0719@gmail.com">munoz.jonathan0719@gmail.com</a>	YM	8	8	YES	YES	4
9	Drue	Everette	(469) 744-1611	<a href="mailto:brookejeverette@live.com">brookejeverette@live.com</a>	YM	8	8	YES	YES	5
10										

Practice Information:	
Day:	Monday
Time:	6pm-6:45pm
Location:	Ethridge



Practice Information:	
Day:	Wednesday
Time:	6pm-7pm
Location:	Recreation Center

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Boys

Team Name: Thunder

Head Coach Information	
Name	Destiney Coley
Phone	318-678-8147
Email	<a href="mailto:glencol3@att.net">glencol3@att.net</a>



Assistant Coach Information	
Name	Matasha Coley
Phone	469-346-6469
Email	<a href="mailto:tashawest23@gmail.com">tashawest23@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Destin	Coley	(469) 346-6469	<a href="mailto:glencol3@att.net">glencol3@att.net</a>	AS	9	9	YES	YES	15
2	Jaxon	Marshall	(214) 471-2064	<a href="mailto:curryadrienne27@gmail.com">curryadrienne27@gmail.com</a>	YL	8	9	YES	YES	2
3	Blake	Hayward	(214) 881-3608	<a href="mailto:alandruishayward@gmail.com">alandruishayward@gmail.com</a>	YM	7	8	YES	YES	13
4	Aarav	Challapalli	(317) 361-9056	<a href="mailto:krekha15@yahoo.com">krekha15@yahoo.com</a>	YM	10	10	YES	YES	14
5	Chase	Ghobrial	(469) 358-3466	<a href="mailto:Nancys.ghobrial@gmail.com">Nancys.ghobrial@gmail.com</a>	YM	10	10	YES	YES	0
6	Nathan	Cole	1-859-466-1398	<a href="mailto:amakaopute@yahoo.com">amakaopute@yahoo.com</a>	YM	9	9	YES	YES	1
7	Kevin	Parker	(945) 300-1592	<a href="mailto:myesha.rparker@icloud.com">myesha.rparker@icloud.com</a>	YL	10	10	YES	YES	3
8	Maddox	Kirk	(469) 274-4734	<a href="mailto:juliakirk09@gmail.com">juliakirk09@gmail.com</a>	YL	9	10	YES	YES	4
9	Castiel	Nunez	(469) 879-5869	<a href="mailto:gsapien0@yahoo.com">gsapien0@yahoo.com</a>	YL	9	9	YES	YES	5
10	Liam	Pickel	(940) 783-2887	<a href="mailto:robert.krejci@tenethealth.com">robert.krejci@tenethealth.com</a>	YM	9	10	YES	YES	10

Practice Information:	
Day:	Tuesday
Time:	6pm-7pm
Location:	Griffin



Practice Information:	
Day:	Thursday
Time:	6pm-7pm
Location:	Recreation Center

# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 14U

Team Name: Tsunami Strikerz



Head Coach Information	
<b>Name:</b>	Jemai Sanders
<b>Phone:</b>	469-875-3854
<b>Email:</b>	Jemaiisc coolerthanu@gmail.com

Assistant Coach Information	
<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	London	Adams	(214) 794-7875	vegasblues71@gmail.com	YM	2	14	14	YES	YES
2	Iyrie	Chacon	(469) 268-7221	hguzman1425@gmail.com	YM	1	14	14	YES	YES
3	Kaylynn	Collier	(972) 693-4900	ensadler84@gmail.com	AS	6	13	13	YES	YES
4	Allyson	Kosbab	(615) 948-3202	patricia.vivoni@gmail.com	AM	9	13	14	YES	YES
5	Kelsey	Owczar	(817) 905-7317	mowczar23@gmail.com	AL	10	12	13	YES	YES
6	Sharvi	Pathak	(224) 358-2649	vikrant.pathak11980@gmail.com	AS	5	13	13	YES	YES
7	Jubal	Sabumon	(682) 300-5286	binusabumon@yahoo.com	AS	4	14	14	YES	YES
8	Malai	Sanders	(409) 332-6682	jermalandthai@gmail.com	YL	3	13	13	YES	YES
9	Kai	Steel	(214) 797-7116	eajhc@yahoo.com	AM	8	13	13	YES	YES
10	Ailish	Roby John	(219) 238-5268	ailishrjnss@gmail.com	AS	7	13	13	YES	YES

Jersey Color
<b>LIGHT BLUE</b>

Practice Information:	
<b>Day</b>	Tuesday
<b>Time</b>	7:30pm-9:00pm
<b>Location</b>	Recreation Center



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 8U

Team Name: Turtles



Head Coach Information	
Name:	Jason Parker
Phone:	816-215-0364
Email:	jason.parker@jedunn.com

Assistant Coach Information	
Name:	
Phone:	
Email:	

	Player Name	Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Reese Parker	(816) 215-0364	jason.parker@jedunn.com	YM	4	8	9	YES	YES
2	Allie Bennett	(678) 447-9923	kaciebrown4@gmail.com	YL	9	8	8	YES	YES
3	Ivy Sloan	(214) 986-6675	crisseyg@gmail.com	YL	8	8	9	YES	YES
4	Abby Peters	(714) 313-6967	jnpeters143@gmail.com	YL	7	7	8	YES	YES
5	Angie Peters	(714) 313-6967	jnpeters143@gmail.com	YL	6	7	8	YES	YES
6	Aylani Antoine	(214) 755-7103	renaldoantoine@gmail.com	YL	5	7	8	YES	YES
7	Winter Sewell	(469) 422-1129	Ritagoodman0401@gmail.com	YM	3	7	7	YES	YES
8	Cassia Wernert	214-498-5025	bethsew186@aol.com	YM	2	8	9	YES	YES
9	Aria Bassey	(940) 390-1393	shaunabns@icloud.com	YM	1	8	9	YES	YES
10									

Jersey Color
FOREST

Practice Information:	
Day	Tuesday
Time	6 - 7:30pm
Location	The Colony Recreation Center



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 10U

Team Name: Venom



Head Coach Information	
<b>Name:</b>	Cassie Quinn
<b>Phone:</b>	469-867-5488
<b>Email:</b>	cassie.quinn@bofa.com

Assistant Coach Information	
<b>Name:</b>	Tammi Enderle
<b>Phone:</b>	469-774-0859
<b>Email:</b>	tammienderle@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Emerson	Enderle	(469) 774-0859	tammienderle@gmail.com	YM	5	9	10	YES	YES
2	Emma	Pruitt	(940) 783-6309	jenniferpruitt1025@gmail.com	YM	4	9	9	YES	YES
3	Rachel	Zemlick	(310) 963-8455	chitch4@hotmail.com	YL	9	10	10	YES	YES
4	Charlotte	Nguyen	(817) 881-1502	thanhvan2011@live.com	YM	3	9	10	YES	YES
5	Elisa	Alvarado	(945) 267-8505	dvelazquez_95@yahoo.com	YL	8	10	11	YES	YES
6	Shanaya	Pathak	(224) 358-2649	vikrant.pathak11980@gmail.com	YM	2	9	9	YES	YES
7	Meridian	Burr	(210) 421-9392	rwelty@yahoo.com	YL	7	9	9	YES	YES
8	Shruti	Putta	(859) 554-4939	priyaputta@gmail.com	AS	10	9	10	YES	YES
9	Corinne	Wilson	1-832-242-4100	glopezla1@gmail.com	YL	6	10	11	YES	YES
10	Brooklyn	Overshown	(469) 472-8608	kaylanbrooklynsmom@gmail.com	YM	1	10	11	YES	YES

Jersey Color
ROYAL

Practice Information:	
<b>Day</b>	Thursday
<b>Time</b>	6:30 - 8pm
<b>Location</b>	The Colony Recreation Center



# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 8U

Team Name: VolleyCats



Head Coach Information	
Name:	Hawk Dan
Phone:	972-904-4911
Email:	MADHAWK_85@YAHOO.COM

Assistant Coach Information	
Name:	Jason Williams
Phone:	469-650-6601
Email:	jwill_817@hotmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Charli	Dan	(214) 364-5875	mandi.dan0401@gmail.com	YM	4	8	8	YES	YES
2	Ryleigh	Love	(972) 814-4973	aboutme79@yahoo.com	YM	3	7	8	YES	YES
3	Isla	McCracken	(208) 569-8225	mccracken.andrew@me.com	YM	2	8	8	YES	YES
4	Haven	Holly	(972) 897-3447	hangstead@yahoo.com	YL	7	8	9	YES	YES
5	Francesca	Galluzzi	(614) 582-8068	danielle.ewart@gmail.com	AS	9	8	9	YES	YES
6	Sevyn	Gardner	(214) 918-0722	briannapage1996@gmail.com	YL	6	8	8	YES	YES
7	Syriah	Williams	(469) 650-6601	jwill_817@hotmail.com	AS	8	8	8	YES	YES
8	Vanessa	Bugeja	(817) 821-7232	lilyqian2014@gmail.com	YM	1	7	7	YES	YES
9	Collins	Cooley	(469) 588-8660	haleyvillavaso@yahoo.com	YL	5	7	7	YES	NEED
10										

Jersey Color
NEON ORANGE

Practice Information:	
Day	Thursday
Time	6 - 7:30pm
Location	The Colony Recreation Center



# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Boys

Team Name: Warriors

Head Coach Information	
Name	LaQueysha Calderon
Phone	702-677-8759
Email	<a href="mailto:Fury.CoachQ@outlook.com">Fury.CoachQ@outlook.com</a>



Assistant Coach Information	
Name	
Phone	
Email	

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator COC	Birthdate Verification	Jersey #
1	Riley	Williams	(702) 677-8759	queycalderon@outlook.com	YL	9	9	YES	YES	15
2	Frank	Peck	(254) 855-5325	alexisandbrendan@gmail.com	AS	9	9	YES	YES	0
3	Hutton	Brown	(940) 597-0909	jrobson03@yahoo.com	YL	9	9	YES	YES	12
4	Joaquin	Tellez	(281) 935-7315	tellez0226@yahoo.com	AS	8	8	NEED	YES	3
5	Ronak	Merchant	(469) 358-6612	rehan_merchant@hotmail.com	YM	9	9	YES	YES	14
6	Diav	Sharma	(214) 425-9385	hanish.r.sharma@gmail.com	YL	9	9	YES	YES	5
7	Isaac	Allozi	(214) 552-1581	zallozi42@gmail.com	YL	10	10	YES	YES	10
8	Xavier	Vazquez	1-469-323-2586	vazquezjavi0319@gmail.com	YM	10	11	YES	YES	13
9	Elliot	Thomas	(954) 801-3785	tdane1284@gmail.com	AS	9	9	YES	YES	11
10										

Practice Information:	
Day:	Tuesday
Time:	7pm-8pm
Location:	Griffin



Practice Information:	
Day:	Wednesday
Time:	6pm-7pm
Location:	Griffin

# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 12U Boys

Team Name: Warriors

Head Coach Information	
Name	Trevor Strong
Phone	(415) 827-6042
Email	<a href="mailto:trevstrong@yahoo.com">trevstrong@yahoo.com</a>



Assistant Coach Information	
Name	
Phone	
Email	

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Birthdate Verification	Spectator Code of Conduct	Jersey #
1	Joe	Cepeda	(214) 449-6601	priscilla_cepeda@yahoo.com	YM	11	11	YES	NEED	13
2	Bryan	Gonzalez	(972) 800-9034	liz_819@yahoo.com	YL	12	12	YES	YES	11
3	Sebastian	Macias	(972) 655-6638	nrm_menjivar@yahoo.com	YM	11	12	YES	YES	14
4	Wyatt	Randle	(940) 594-4876	jt.wing123@gmail.com	AL	12	12	YES	YES	3
5	Cash	Binion	(469) 831-9716	desireebinion@yahoo.com	YM	12	12	YES	YES	15
6	Kevyn	Brown	214-457-8047	mrmistenbrown@yahoo.com	AS	11	12	YES	YES	4
7	Teddy	Dennington	(214) 957-2030	annandthekids@yahoo.com	AS	12	12	YES	YES	5
8	Grayson	Strong	(415) 827-6042	<a href="mailto:trevstrong@yahoo.com">trevstrong@yahoo.com</a>	AS	12	13	YES	YES	2
9	Ross	Mitchell	(601) 320-5168	tnj1948@gmail.com	YL	10	11	NEED	NEED	12
10										

Practice Information:	
Day:	Tuesday
Time:	8-9pm
Location:	Griffin



Practice Information:	
Day:	Wednesday
Time:	8-9pm
Location:	Griffin

# The Colony Youth Volleyball Spring 2026 Team Roster

Age Division: 12U

Team Name: Wild Spikes

Head Coach Information	
<b>Name:</b>	Wendi Pendleton
<b>Phone:</b>	817-602-4379
<b>Email:</b>	wendipendleton@gmail.com



Assistant Coach Information	
<b>Name:</b>	Alisa Hernandez
<b>Phone:</b>	469-441-0612
<b>Email:</b>	alisa.renee2015@gmail.com

	Player Name		Phone Number	Email Address	Jersey Size	Jersey #	Age on 9.1.25	Age on 3.7.26	Age Verification	Spectator COC
1	Peyton	Pendleton	(817) 602-4379	wendipendleton@gmail.com	AL	9	12	13	YES	YES
2	Reagan	Pendleton	(817) 602-4379	wendipendleton@gmail.com	AL	8	12	13	YES	YES
3	Emily	Inkumsah	(321) 356-8475	kweiki@yahoo.com	YL	4	12	13	YES	YES
4	Aryanna	Nelson	(940) 395-3822	taytij@yahoo.com	AS	5	12	12	YES	YES
5	Adrianna	Contreras	(817) 705-8436	dreamsbuidfuture@gmail.com	AM	7	11	11	YES	YES
6	Hibah	Malik	(972) 876-8312	afshanm21@gmail.com	AM	6	12	13	YES	NEED
7	Sophia	Mathew	(248) 462-5207	sweetnig@gmail.com	YL	3	11	12	YES	YES
8	Henley	Adams	(972) 762-7036	tara100203@hotmail.com	YM	2	11	12	YES	YES
9	Makayla	Jasso	(469) 520-7578	jassofamily2013@gmail.com	YM	1	12	12	YES	YES
10	Mikayla	Marshall	469-933-8415	ricekassie33@gmail.com	YM	Old Jersey	12	12	YES	YES

Jersey Color
RED

Practice Information:	
<b>Day</b>	Thursday
<b>Time</b>	7:30 - 9pm
<b>Location</b>	Lakeview



# The Colony Youth Basketball Winter 2025/2026 Team Roster

Age Division: 10U Girls

Team Name: TC Wings

Head Coach Information	
Name	Dennis Bruce
Phone	646-567-0204
Email	<a href="mailto:denbruce@me.com">denbruce@me.com</a>



Assistant Coach Information	
Name	Patrick Grubb
Phone	972-948-5341
Email	<a href="mailto:pat.grubb@gmail.com">pat.grubb@gmail.com</a>

	Player Name		Phone Number	Email Address	Jersey Size	Age on 9.1.25	Age on 11.15.25	Spectator Code of Conduct	Birthdate Verification	Jersey #
1	Dakota	Bruce	(646) 567-0204	<a href="mailto:denbruce@me.com">denbruce@me.com</a>	YL	10	11	YES	YES	3
2	Ava	Grubb	(214) 674-6332	<a href="mailto:kateagrubb@gmail.com">kateagrubb@gmail.com</a>	AM	10	10	NEED	YES	5
3	Carson	McCrary	(972) 809-7705	<a href="mailto:andreamccrary@gmail.com">andreamccrary@gmail.com</a>	YL	10	10	YES	YES	14
4	Francesca	Wagner	(503) 530-0482	<a href="mailto:audreywagner@icloud.com">audreywagner@icloud.com</a>	AS	10	11	YES	YES	10
5	Sasha	Mohammad	(972) 333-9801	<a href="mailto:farhanm@gmail.com">farhanm@gmail.com</a>	YM	10	10	NEED	YES	0
6	Mila	Mohammad	(972) 333-9801	<a href="mailto:farhanm@gmail.com">farhanm@gmail.com</a>	YM	10	10	NEED	YES	1
7	Emma	Pickering	(918) 418-2186	<a href="mailto:memorypickering@gmail.com">memorypickering@gmail.com</a>	YM	9	10	YES	YES	2
8	Emma	Lawler	940-704-0866	<a href="mailto:layci.lawler@hotmail.com">layci.lawler@hotmail.com</a>	YM	9	9	YES	YES	4
9	Annamary	Augustine	(214) 554-2806	<a href="mailto:anithasajesh@gmail.com">anithasajesh@gmail.com</a>	YL	10	10	YES	YES	13
10	Alina	Davis	214-282-8387	<a href="mailto:santodvs79@yahoo.com">santodvs79@yahoo.com</a>	YM	10	10	YES	YES	15

Practice Information:	
Day:	Wednesday
Time:	7pm-8pm
Location:	Griffin



Practice Information:	
Day:	Thursday
Time:	7pm-8pm
Location:	Recreation Center