

Team: **EC Power KOP 16-Empire**

Club: **East Coast Power Volleyball**

(F)

Team code: **G16ECPWR1KE**

Division: **16 Open**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3	OH	Regan Hill	3136990	09/21/2007	Player			-	-	-
4	DS	Alanna Bricker	3305016	11/21/2007	Player			-	-	-
7	DS	Stalena Van Deusen	3061381	04/25/2008	Player			-	-	-
8	OH	Eleanor Carickhoff	4127964	07/28/2008	Player			-	-	-
9	S	Holland Van Deusen	3061382	04/25/2008	Player			-	-	-
18	DS	Chloe Esslinger	3020859	02/14/2008	Player			-	-	-
21	OH	Abigail MacMillan	3335394	09/21/2007	Player			-	-	-
28	MB	Lucy Weeber	3314652	08/13/2007	Player			-	-	-
30	OH	Colbie McKenna	4122180	07/14/2008	Player			-	-	-
33	MB	Madeleine Bush	3342155	12/31/2007	Player			-	-	-
42	MB	Norah Busch	4394765	06/07/2008	Player			-	-	-
	AC	Gina Custer	2262174	03/10/2000	IMPACT	YES	YES	-	-	6103123361
	AC	Alexander Arnow	2693958	08/10/1999	IMPACT	YES	YES	-	-	2156929448
	HC	Evan Joseph Feltz	1936035	08/02/1996	IMPACT	YES	YES	-	-	6145939018
	TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034

The following team members are eligible for Team Check In Wristbands - Athletes: 11, Staff: 3

Verification of Tournament Roster and USAV Medical / Emergency Release Forms

The person signing this form verifies that:

1. The signer is authorized to sign this form and is a USAV member, currently registered as a coach, director, chaperone or team rep for this club/team;
2. This roster is a complete and final list of all players and staff who will participate in this event;
3. Each player is a current registered member in good standing with his/her USAV Member Organization;
4. All player and staff information is correct;
5. All coaches on the roster have completed the USAV IMPACT certification course;
6. The club director and coaches are aware of all USAV coaching requirements, ave met such requirements and that at least one IMPACT certified coach will be on the bench at all times;
7. All results submitted to the SportWrench tournament system are complete and accurate;
8. The coach or team rep listed on the roster will, at all times, have in their possession a completed USAV Medical Release form;
9. The club, coach and team understand that they are subject to any and all penalties for incorrect or incomplete information on this form and may be required at any time to show additional proof of USAV current membership regardless who signs the verification.

Signature

Printed name

Date

Cell Phone

Role: (Club director etc...)