

Team: **EC Power KOP 17-Steel (F)**

Club: **East Coast Power Volleyball**

Team code: **G17ECPWR1KE**

Division: **17 USA**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3	OH	Kelly Cholden	3131370	01/15/2007	Player			-	-	-
5	S	Raven Albrecht	3303684	06/05/2007	Player			-	-	-
6	S	Caitlyn McGonigal	4640647	05/05/2007	Player			-	-	-
9	OH	Jana Jovanovic	3283991	07/28/2007	Player			-	-	-
10	MB	Delaney Hoover	4407343	07/25/2007	Player			-	-	-
15	DS	Casey Levan	4120640	08/09/2010	Player			-	-	-
18	DS	Anya Patel	3020410	04/18/2007	Player			-	-	-
23	OH	Lola Coulter	4702020	04/10/2007	Player			-	-	-
24	MB	Caroline Welsh	4419183	09/25/2006	Player			-	-	-
29	OH	Ava Barnhart	3065759	11/20/2006	Player			-	-	-
	AC	<b>Ialisson Cesar Mello de Amorim</b>	4778429	05/06/1986	IMPACT	YES	YES	-	-	4452550585
	HC	<b>Kimberly Kolesnik</b>	1188306	10/23/1985	IMPACT	YES	YES	-	-	6103246756
	TR	<b>Roberta McGuiney</b>	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034

The following team members are eligible for Team Check In Wristbands - Athletes: 10, 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...)