

Team: **EC Power LV 15-Mystic (F)**

Club: **East Coast Power Volleyball**

Team code: **G15ECPWR11KE**

Division: **15 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3	S	Riley Schilling	4127738	02/08/2009	Player			-	-	-
7	MB	Emma Norvick	4314935	03/28/2009	Player			-	-	-
8	OH	Amelia McCoy	4606811	07/30/2009	Player			-	-	-
11	OH	Sarah Jones	3373808	05/05/2009	Player			-	-	-
13	OH	LaSereon James	4422240	12/04/2008	Player			-	-	-
14	MB	Sira Powell	2960775	12/26/2008	Player			-	-	-
15	S	Alexis Rizzuto	4381956	05/05/2009	Player			-	-	-
16	MB	Claire Luckenbach	4407019	10/25/2008	Player			-	-	-
18	OH	Eliana Marques	4848714	05/03/2009	Player			-	-	-
21	DS	Cameron Tyrell	4490070	06/06/2009	Player			-	-	-
31	S	Ashley Hoppes	4362384	03/12/2009	Player			-	-	-
	AC	Holly Womack	4887005	11/01/1975	IMPACT	YES	YES	-	-	5705903814
	HC	Taylor Womack	2647430	08/19/1999	IMPACT	YES	YES	-	-	5703507152
	AC	Sky Davis	3326803	04/11/1970	IMPACT	YES	YES	-	-	6105547226
	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...)