

Team: **EC Power LV 16-Carolina (F)**Club: **East Coast Power Volleyball**Team code: **G16ECPWR11KE**Division: **16 USA**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
7	DS	Mia Stanten	4107093	05/25/2008	Player			-	-	-
8	MB	Riley Landis	3226753	10/11/2007	Player			-	-	-
11	OH	Sophia Bedics	3045534	02/11/2008	Player			-	-	-
15	S	Abby Stankewicz	3298460	05/08/2009	Player			-	-	-
19	OH	Jocelyn Bell	4253555	12/19/2008	Player			-	-	-
20	OH	Natalie Pristas	3295190	11/08/2007	Player			-	-	-
21	OH	Maleya Hinds	4111962	11/08/2007	Player			-	-	-
22	S	Piper Ruggiero	3047222	06/22/2009	Player			-	-	-
26	MB	Lauren Beamer	4417665	11/03/2007	Player			-	-	-
	HC	<b>Kristen Conway</b>	4400601	11/11/1983	IMPACT	YES	YES	-	-	6105775377
	AC	<b>Valerie Sherwin</b>	2337162	01/21/1966	IMPACT	YES	YES	-	-	6102174264
	TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034

The following team members are eligible for Team Check In Wristbands - Athletes: 9, Staff: 2

#### 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, have 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...)