

Team: **EC Power LV 17-Titanium (F)**Club: **East Coast Power Volleyball**Team code: **G17ECPWR11KE**Division: **17 Open**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1	OH	Emerson Springs	3227483	09/05/2007	Player			-	-	-
5	S	Sarah Furey	3143045	11/20/2006	Player			-	-	-
11	MB	Malena Sabol	3062974	03/14/2007	Player			-	-	-
12	OH	Hailey Wanko	3308775	10/23/2007	Player			-	-	-
13	OH	Bailey Corrigan	4738297	03/07/2007	Player			-	-	-
19	OH	Annelise Quinn	3023118	09/02/2006	Player			-	-	-
21	DS	Landry Guman	3050069	10/08/2007	Player			-	-	-
22	MB	Katarzyna Burda	4383674	02/04/2008	Player			-	-	-
37	OH	Alexis Hoyer	4124660	07/08/2006	Player			-	-	-
68	S	Milly Wolf	3354407	11/18/2006	Player			-	-	-
	AC	Robert McVicker	2614671	04/15/1994	IMPACT	YES	YES	-	-	4842643894
	HC	Lori Guman	1495875	11/17/1973	IMPACT	YES	YES	-	-	6103602761
	TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034

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