

Team: **EC Power CH 15-Shock DC**Club: **EC Power Chesapeake****(F)**Team code: **G15ECPCH2CH**Division: **15 American**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3 S	Wynn Eaton	3260175	04/15/2008	Player			-	-	-
5 MB	Avery Byrnes	4601926	05/22/2008	Player			-	-	-
6 OH	Morgan Reeves	3038822	01/08/2008	Player			-	-	-
7 OH	Addison Guerra	3311400	05/14/2008	Player			-	-	-
8 OH	Sydney Hudson	4070566	06/25/2008	Player			-	-	-
10 MB	Mary Nowlin	4456425	08/07/2008	Player			-	-	-
11 OH	Casey Yuh	3268600	03/31/2008	Player			-	-	-
12 OH	Breily Munoz	3355930	11/25/2007	Player			-	-	-
13 OH	Ellyson Miller	4470448	08/25/2007	Player			-	-	-
14 DS	Nola Gramatikov	4185928	01/14/2008	Player			-	-	-
17 DS	Livia Lee	3312525	02/04/2008	Player			-	-	-
18 DS	VALEN Hanson	3151984	01/28/2008	Player			-	-	-
19 DS	Addison Hans	4051080	02/08/2008	Player			-	-	-
27 OH	Zoe Eyre	3290835	06/05/2008	Player			-	-	-
28 MB	Catherine Long	4088963	01/19/2008	Player			-	-	-
HC	<b>Christopher Smith</b>	1228642	07/02/1991	IMPACT	YES	YES	-	-	3028984553
AC	<b>MICHAEL HANSON</b>	3100495	03/31/1974	IMPACT	YES	YES	-	-	5714292437
AC	<b>JENNIFER FORBES</b>	2621376	10/31/1990	IMPACT	YES	YES	-	-	2679977546

The following team members are eligible for Team Check In Wristbands - Athletes: 15, 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...)