

Team: **EC Power BUCKS 17-Silver**Club: **East Coast Power Volleyball****(F)**Team code: **G17ECPWR8KE**Division: **17 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2	DS	Paige Siuta	3308184	05/22/2007	Player			-	-	-
3	OH	Payton Robillard	4107133	10/24/2006	Player			-	-	-
4	DS	Emma Viehweger	3162261	10/23/2006	Player			-	-	-
8	RS	Lyvia Marcus	4129053	02/02/2007	Player			-	-	-
9	DS	Marin Stensrud	4362415	08/03/2006	Player			-	-	-
10	MB	Shea joyce	4130239	10/11/2006	Player			-	-	-
11	OH	Madison Zagnojny	4464574	11/07/2006	Player			-	-	-
12	MB	Emma Conklin	4778980	02/06/2007	Player			-	-	-
16	S	Aubrey Pringle	4129672	10/06/2006	Player			-	-	-
18	OH	Gabrielle Clair	4420212	12/03/2007	Player			-	-	-
19	OH	Sabrina Fitzsimmons	3351236	06/19/2007	Player			-	-	-
22	OH	Melissa Hinkson	4092219	10/17/2006	Player			-	-	-
24	OH	Madelyn Bowersock	4687049	05/24/2007	Player			-	-	-
	AC	Allison Krick	1189134	04/14/1991	IMPACT	YES	YES	-	-	6109371096
	HC	Daniel Pringle	1189924	01/29/1972	IMPACT	YES	YES	-	-	2153179064
	TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034

The following team members are eligible for Team Check In Wristbands - Athletes: 13, 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...)