

Team: **EC Power KOP 15-True (F)**Club: **East Coast Power Volleyball**Team code: **G15ECPWR1KE**Division: **15 Open**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2	S	Brooke Peduzzi	4643874	09/05/2008	Player			-	-	-
5	MB	Sarah Moy	4317303	01/31/2009	Player			-	-	-
6	DS	Addison Ochoa	4368254	01/29/2009	Player			-	-	-
8	DS	Mia Mobley	3163496	09/11/2008	Player			-	-	-
12	MB	Maeve Stokes	4124538	01/12/2009	Player			-	-	-
13	OH	Jadyn Johnson	3163563	09/10/2008	Player			-	-	-
14	OH	Kayla Tilghman	3186925	12/29/2008	Player			-	-	-
17	S	Madison McCoy	3222664	07/13/2008	Player			-	-	-
18	OH	Greta Swope	3307179	10/06/2008	Player			-	-	-
24	OH	Adrianna Roach	4062070	09/06/2008	Player			-	-	-
27	S	Marley Angelucci	3298213	09/15/2008	Player			-	-	-
	HC	Steve Lieber	1496281	06/19/1982	IMPACT	YES	YES	-	-	8148834334
	AC	Devon Maugle	1189434	03/02/1993	IMPACT	YES	YES	-	-	2679912134
	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: 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...)