

Team: **EC Power BUCKS 15-Indigo** Club: **East Coast Power Volleyball**

(F)

Team code: **G15ECPWR8KE**

Division: **15 USA**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1 OH	Lily Rivera	4129805	11/11/2010	Player			-	-	-
2 OH	Zoe Siuta	4401113	09/02/2008	Player			-	-	-
3 OH	Brynne Vonder Schmalz	4424734	12/29/2008	Player			-	-	-
4 MB	Allison Minacci	4643891	04/08/2009	Player			-	-	-
5 DS	Isla Christall	4825299	03/12/2009	Player			-	-	-
8 S	Emma Shank	4122430	04/24/2009	Player			-	-	-
9 DS	Alivia Schimpf	4404319	06/30/2009	Player			-	-	-
10 OH	Kya Lynch	3167748	09/09/2009	Player			-	-	-
11 OH	Grace Harm	4420554	09/07/2008	Player			-	-	-
18 OH	Carmyn O'Brien	4421990	10/17/2008	Player			-	-	-
22 OH	Summer Darling	4414972	06/22/2009	Player			-	-	-
23 MB	Sofia Heininger	4782129	05/25/2009	Player			-	-	-
AC	Kinsey Lynch	1188348	07/26/1982	IMPACT	YES	YES	-	-	2157566566
HC	Joel King	2016332	01/20/1968	IMPACT	YES	YES	-	-	2679928000
TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034

The following team members are eligible for Team Check In Wristbands - Athletes: 12, 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...)