

Team: **EC Power DTOWN 15-Chill**Club: **East Coast Power Volleyball****(F)**Team code: **G15ECPWR15KE**Division: **15 American**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
5 OH	Caroline Morgan	4385935	07/29/2008	Player			-	-	-
7 MB	Zoe Staz	4604253	01/08/2009	Player			-	-	-
8 OH	Caiden Poole	4253613	10/09/2008	Player			-	-	-
9 MB	Tayla Sullivan	4384650	06/15/2009	Player			-	-	-
12 OH	Jolie Serany	4650152	05/02/2009	Player			-	-	-
14 DS	Sage Bennett	4405945	04/08/2009	Player			-	-	-
18 OH	Sophia Levendis	4643113	06/08/2009	Player			-	-	-
19 OH	Riley Rubin	4391466	06/09/2009	Player			-	-	-
21 OH	Sierra Mabry	4374936	12/24/2008	Player			-	-	-
29 S	Lorelei Fogel	4378182	08/29/2008	Player			-	-	-
AC	Jacqueline Hutton	4135721	09/06/1975	IMPACT	YES	YES	-	-	6103294296
HC	Anna Schostak	2129813	12/26/1997	IMPACT	YES	YES	-	-	4844327709
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...)