

Team: **EC Power DTOWN 15-Flash (F)**

Club: **East Coast Power Volleyball**

Team code: **G15ECPWR16KE**

Division: **15 Club**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3 DS	Juliet Hewitt	4419770	04/01/2009	Player			-	-	-
6 DS	Brynn Hungerford	4642215	11/13/2008	Player			-	-	-
9 OH	Carlina Pierce	4253614	09/19/2008	Player			-	-	-
10 DS	Evelyn Wilmes	4118458	05/25/2009	Player			-	-	-
12 MB	Daisy Johnston	4619998	08/12/2008	Player			-	-	-
14 OH	Celia Ryerson	4363632	10/08/2009	Player			-	-	-
15 OH	Olivia Phipps	4108020	09/29/2009	Player			-	-	-
18 OH	Natalie Graham	4387242	12/08/2008	Player			-	-	-
26 S	Morgan Davis	4809596	01/15/2009	Player			-	-	-
28 OH	eera rohatgi	4645394	09/30/2008	Player			-	-	-
93 S	Rhianna Kamensky	4394779	02/24/2009	Player			-	-	-
AC	Karen Stasen	4613698	03/01/1969	IMPACT	YES	YES	-	-	4846783491
HC	Lexington Everett	2126532	03/08/1995	IMPACT	YES	YES	-	-	4848886949
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, 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...)