

Team: **EC Power KOP 15-Cool (F)**Club: **East Coast Power Volleyball**Team code: **G15ECPWR3KE**Division: **15 USA**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 OH	Callie Wright	4428408	11/06/2008	Player			-	-	-
7 OH	Piper Jaffe	4782050	04/01/2009	Player			-	-	-
9 S	Audrey Dorn	4607357	06/23/2009	Player			-	-	-
11 MB	Karley Turner	4416618	08/07/2008	Player			-	-	-
12 DS	Clara Reis	4373854	09/11/2009	Player			-	-	-
13 S	Ella Glass	4366938	07/01/2009	Player			-	-	-
20 OH	Giselle Focht	3306943	05/20/2009	Player			-	-	-
22 OH	Caroline Havey	3349015	06/22/2009	Player			-	-	-
91 S	Kiera Mchugh	4612718	07/23/2009	Player			-	-	-
TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034
AC	Andres Suarez	4518542	11/10/2003	IMPACT	YES	YES	-	-	7875650489
HC	Melanie Cotes-Rivera	3219621	06/27/2001	IMPACT	YES	YES	-	-	7872434276

The following team members are eligible for Team Check In Wristbands - Athletes: 11, Staff: 3

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...)