

Team: **EC Power KOP 15-Rock (F)**Club: **East Coast Power Volleyball**Team code: **G15ECPWR4KE**Division: **15 Club**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 S	Brooklyn Windfelder	4417018	11/21/2008	Player			-	-	-
4 OH	Renata Guirao Cortes	4635653	09/30/2008	Player			-	-	-
5 OH	Siyona Rai	4453347	06/20/2009	Player			-	-	-
6 S	Mia Panesar	4737374	02/06/2009	Player			-	-	-
7 OH	Audrey Tickner	4407282	08/16/2009	Player			-	-	-
11 DS	Maria D'Andrea Balocco	4642482	06/29/2009	Player			-	-	-
16 OH	Grace Pisarcik	4605719	06/19/2009	Player			-	-	-
18 MB	Sydney King	4638872	12/10/2008	Player			-	-	-
19 MB	Sarah Baylor	4417872	05/08/2009	Player			-	-	-
22 OH	Brooklynn Tickner	4407297	08/16/2009	Player			-	-	-
23 OH	Mikaella Canete	4908458	02/03/2009	Player			-	-	-
HC	Mike Lantz	2953776	11/30/1964	IMPACT	YES	YES	-	-	4848683091
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: 1

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...)