

Team: **EC Power BERKS 16-Federal (F)**

Club: **East Coast Power Volleyball**

Team code: **G16ECPWR5KE**

Division: **16 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
7	OH	Jillian Warner	4107044	10/16/2008	Player			-	-	-
8	MB	Audrey Gierlich	4414923	03/08/2008	Player			-	-	-
11	DS	Abigail Leshner	4116666	04/03/2008	Player			-	-	-
13	DS	Ashlan Moyer	4248324	08/29/2008	Player			-	-	-
16	OH	Romy Mullins	3286053	12/18/2007	Player			-	-	-
17	MB	Jaclyn Niven	4130570	04/21/2008	Player			-	-	-
18	OH	Abigail Redcay	3161069	03/03/2008	Player			-	-	-
19	S	Haley schwenk	3165897	08/31/2007	Player			-	-	-
22	S	Abigail Frownfelter	3298683	04/29/2008	Player			-	-	-
26	OH	Bridget Levandowski	4118033	03/31/2008	Player			-	-	-
	AC	Jamie Leshner	4418848	03/06/1979	IMPACT	YES	YES	-	-	7173819849
	HC	Keith Eckenrode	1842703	12/17/1984	IMPACT	YES	YES	-	-	5704172134
	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...)