

Team: **EC Power BERKS 18-Regal**Club: **East Coast Power Volleyball****(F)**Team code: **G18ECPWR5KE**Division: **18 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
9	DS	Summer Stern	3030801	09/09/2006	Player			-	-	-
14	DS	Peyton Hartline	3269768	08/01/2006	Player			-	-	-
18	MB	Mikayla Riehl	4419828	10/20/2006	Player			-	-	-
19	MB	Ida Fisher Fisher	3382451	06/14/2006	Player			-	-	-
21	OH	Hailey Jones	3156536	06/21/2006	Player			-	-	-
22	S	Marli Emrich	3020717	11/09/2005	Player		YES	-	-	-
24	S	Cameryn Niedrowski	3102090	03/30/2006	Player			-	-	-
25	MB	Airyanna Kline	4211013	01/27/2006	Player		YES	-	-	-
28	OH	Kassidy Means	2775883	03/20/2006	Player			-	-	-
34	OH	Greta Kline	4265194	04/22/2007	Player			-	-	-
	AC	<b>Joshua Stern</b>	3152278	02/28/1976	IMPACT	YES	YES	-	-	7176664713
	HC	<b>Brian Jackson</b>	3248775	07/31/1975	IMPACT	YES	YES	-	-	4849494506
	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...)