

Team: **EC Power BERKS 18-Satin**Club: **East Coast Power Volleyball****(F)**Team code: **G18ECPWR6KE**Division: **18 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1	DS	Kamryn Klinger	4832723	05/09/2006	Player			-	-	-
7	MB	Ridleigh Moyer	3306937	07/17/2007	Player			-	-	-
9	S	Isabella Ely	3306587	09/05/2007	Player			-	-	-
10	DS	Sarah Elk	4127018	06/10/2007	Player			-	-	-
15	OH	Riley Mack	3298994	11/04/2005	Player		YES	-	-	-
17	OH	Justice Ortiz	3309101	03/07/2006	Player			-	-	-
21	OH	Macy Feathers	4090696	03/20/2006	Player			-	-	-
22	MB	Macy Shewmake	4917117	02/19/2006	Player		YES	-	-	-
23	OH	Mia Palmieri	4811070	06/29/2006	Player			-	-	-
28	OH	Taylor Mack	4078311	04/08/2009	Player			-	-	-
36	S	Jenna Christman	3290515	04/25/2007	Player			-	-	-
	AC	<b>Corrinne Cook</b>	4383501	09/10/2000	IMPACT	YES	YES	-	-	6107654321
	HC	<b>Sara Wesley</b>	4192475	09/11/1996	IMPACT	YES	YES	-	-	6108589968
	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...)