

Team: **EC Power BUCKS 16-Cadet**Club: **East Coast Power Volleyball****(F)**Team code: **G16ECPWR8KE**Division: **16 USA**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3	S	Erinn McCusker	4116575	03/27/2008	Player			-	-	-
5	OH	Kinsey Reptsik	3168144	11/05/2007	Player			-	-	-
6	DS	Scarlett McCoy	4306297	10/24/2007	Player			-	-	-
7	OH	Sofie Potrusilova	4413366	02/13/2009	Player			-	-	-
10	DS	Marissa Passerini	4374138	10/10/2007	Player			-	-	-
11	S	Madlen Potrusilova	4413232	02/22/2008	Player			-	-	-
13	MB	Kate Dorrington	4129897	09/10/2007	Player			-	-	-
14	S	Sophie Mahon	4129047	12/31/2007	Player			-	-	-
19	MB	Reese Coxey	3306960	02/20/2008	Player			-	-	-
25	OH	Mackenzie Bombas	4105742	04/07/2008	Player			-	-	-
	HC	<b>Lori Beth Coxey</b>	3382424	06/26/1979	IMPACT	YES	YES	-	-	6102912711
	AC	<b>Bruce Walters</b>	4807127	09/21/1962	IMPACT	YES	YES	-	-	2676405358
	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...)