

Team: **EC Power DTOWN 16-Battle** Club: **East Coast Power Volleyball**

(F)

Team code: **G16ECPWR15KE**

Division: **16 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
4	OH	Leyla Loudin	4412628	06/14/2008	Player			-	-	-
7	S	Julianna Gotto	4690099	07/30/2008	Player			-	-	-
8	OH	Marlie Capers	4372100	05/23/2008	Player			-	-	-
11	MB	Livity Paine	4361458	08/19/2007	Player			-	-	-
13	MB	Brynn Koontz	4432079	08/13/2007	Player			-	-	-
14	OH	Leah Mock	4393613	05/14/2008	Player			-	-	-
17	OH	Morgan Caucci	4109135	09/21/2007	Player			-	-	-
19	OH	Makenna Ott	3306946	01/28/2008	Player			-	-	-
22	OH	Taylor Platz	4409303	01/07/2008	Player			-	-	-
23	DS	Madelyn Kemp	3309346	08/28/2007	Player			-	-	-
28	DS	Emily McLaughlin	3301211	04/28/2008	Player			-	-	-
	HC	Alexandra Heiman	2061861	06/15/1996	IMPACT	YES	YES	-	-	7247572124
	AC	Meredith Heckenberger	4818248	07/28/1986	IMPACT	YES	YES	-	-	2676143107
	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...)