24NBVF2 2/19/24, 1:15 PM

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

Victory (F)

Team code: **G16ECPWR16KE** Division: **16 American**

Jers. #	Pos.	Name	USAV#	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3	ОН	Ava Theiller	3348134	08/23/2008	Player			-	-	-
8	ОН	Claire Morraye	4383136	01/12/2008	Player			-	-	-
9	S	Jamie Lizardo	3303039	09/26/2007	Player			-	-	-
10	MB	Brooke Lewis	4380178	10/09/2007	Player			-	-	-
13	DS	Keira McFeely	4493784	10/09/2007	Player			-	-	-
14	DS	caroline rakow	4692819	10/04/2007	Player			-	-	-
15	ОН	Addison Kupiec	4651632	04/16/2008	Player			-	-	-
16	DS	Olivia Peno	4418582	02/06/2008	Player			-	-	-
18	ОН	Molly Barr	4127180	02/18/2008	Player			-	-	-
20	S	Sophia Pisano	4415099	10/05/2007	Player			-	-	-
27	ОН	katie rakow	4692834	10/04/2007	Player			-	-	-
	AC	Ava Stasen	4609196	04/07/2000	IMPACT	YES	YES	-	-	4846676642
	AC	Michelle England	4713113	02/04/1986	IMPACT	YES	YES	-	-	6108040270
	HC	Robert Mullin	3053016	11/01/1971	IMPACT	YES	YES	-	-	4844313342
	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: 3

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;
- $7. \ \ \text{All results submitted to the SportWrench tournament system are complete and accurate};$
- 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)				