

Team: **EC Power DTOWN 17-Metallic (F)**

Club: **East Coast Power Volleyball**

Team code: **G17ECPWR15KE**

Division: **17 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
3	DS	Jenny Chen	3282249	12/25/2006	Player			-	-	-
6	DS	Nora Linahan	4287856	07/18/2007	Player			-	-	-
10	S	Aubrey Ward	3068495	07/10/2007	Player			-	-	-
12	OH	Viviana Hollars	4141991	08/24/2007	Player			-	-	-
14	MB	Sabrina Swann	4781537	01/14/2008	Player			-	-	-
15	OH	Kendall Huffman	3148054	07/09/2007	Player			-	-	-
17	DS	Riley Walsh	4459892	04/26/2007	Player			-	-	-
18	OH	McKenzie Ross	3377847	02/15/2008	Player			-	-	-
19	MB	Lauren Slade	3309435	11/10/2006	Player			-	-	-
23	OH	Ava Brotze	3139236	10/06/2006	Player			-	-	-
27	DS	Danielle Di Giore	3166120	03/27/2007	Player			-	-	-
	HC	<b>Melissa Caporelli</b>	2568065	06/09/1967	IMPACT	YES	YES	-	-	2157681057
	AC	<b>Brooke LaCesa</b>	4637014	03/03/2000	IMPACT	YES	YES	-	-	7179164201
	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...)