

Team: **EC Power KOP 17-Iron (F)**Club: **East Coast Power Volleyball**Team code: **G17ECPWR3KE**Division: **17 USA**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1	DS	Kayla Hailey	4284806	10/02/2006	Player			-	-	-
2	OH	Tala Yatim	3187077	07/23/2007	Player			-	-	-
4	DS	Freya Bardulla	3309332	11/20/2006	Player			-	-	-
5	S	Olivia Darrohn	3297833	04/05/2007	Player			-	-	-
10	OH	Juliana Frustillo	4499169	10/12/2006	Player			-	-	-
12	DS	Alexandra Rivers	3165974	09/19/2006	Player			-	-	-
14	OH	Olivia Donahue	3209428	11/10/2006	Player			-	-	-
17	S	Julia Timoney	3306342	08/17/2006	Player			-	-	-
20	DS	Elizabeth Bolan	3019525	05/31/2007	Player			-	-	-
22	OH	cassandra sullivan	4645690	07/25/2006	Player			-	-	-
	HC	<b>Madison McCunney</b>	4181841	12/26/1996	IMPACT	YES	YES	-	-	6102990789
	AC	<b>Mikecia Witherspoon</b>	1190912	08/29/1990	IMPACT	YES	YES	-	-	2679751108
	TR	<b>Roberta McGuiney</b>	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. 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...)