

Team: **EC Power KOP 18-Diamond** Club: **East Coast Power Volleyball****(F)**Team code: **G18ECPWR2KE**Division: **18 USA**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2	OH	Yalerie Acevedo	4378806	01/02/2006	Player		YES	-	-	-
3	S	Erin Ferello	3022492	02/23/2006	Player		YES	-	-	-
4	OH	Kayla Ginther	2616706	04/29/2006	Player			-	-	-
7	OH	Sofia Heins	2653966	06/07/2006	Player			-	-	-
9	DS	Zeynep Dogan	3157505	03/01/2006	Player		YES	-	-	-
10	DS	Alexandra Della Franzia	3282224	04/17/2006	Player			-	-	-
14	MB	Lillianna Hornickle	3247981	09/23/2005	Player		YES	-	-	-
16	S	Rachel Hu	3164298	07/31/2006	Player			-	-	-
18	OH	Ainsley Dysart	3267298	12/09/2005	Player		YES	-	-	-
24	DS	Zita Uejima	3311707	01/19/2006	Player		YES	-	-	-
28	MB	Jillian Jefferys	4121875	11/01/2005	Player		YES	-	-	-
37	MB	Keira Hornung	3158924	08/01/2006	Player			-	-	-
	HC	Randy Syracuse	1495037	08/02/1958	IMPACT	YES	YES	-	-	4847983676
	AC	Edwin Heins	2770695	03/16/1971	IMPACT	YES	YES	-	-	4847571277
	AC	Carlye Odorisio	2255880	04/28/1998	IMPACT	YES	YES	-	-	4843435773
	TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034

The following team members are eligible for Team Check In Wristbands - Athletes: 12, 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...)