

Team: **EC Power LV 16-Columbia**Club: **East Coast Power Volleyball****(F)**Team code: **G16ECPWR12KE**Division: **16 American**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1	OH	Lila Parsons	4379798	11/17/2008	Player			-	-	-
2	DS	Alyssa Russo	4692051	02/10/2008	Player			-	-	-
3	DS	Olivia HRYCYSZYN	4125938	11/17/2007	Player			-	-	-
6	MB	Alena Lombardo	4506310	06/06/2008	Player			-	-	-
7	OH	Emily Roos	4591413	06/09/2009	Player			-	-	-
10	OH	Kylie greis	4362097	04/14/2009	Player			-	-	-
11	OH	Andrea Tankwa	4419671	11/18/2008	Player			-	-	-
16	DS	Aubrie Layton	4408619	08/11/2007	Player			-	-	-
20	MB	Maggie Marinkovits	4066969	03/20/2008	Player			-	-	-
22	OH	Bella Wickberg	4644241	10/13/2008	Player			-	-	-
30	DS	Ava Jany	4386031	12/30/2009	Player			-	-	-
	AC	Chenla Long	2878857	12/24/2000	IMPACT	YES	YES	-	-	6103572022
	HC	Alberto Ramon	4442128	09/13/2000	IMPACT	YES	YES	-	-	4847078646
	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...)