

Team: **EC Power BERKS 15-Dynamic (F)**

Club: **East Coast Power Volleyball**

Team code: **G15ECPWR5KE**

Division: **15 American**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1 DS	Arianna Scaglione	3308880	05/20/2009	Player			-	-	-
4 OH	Keira Benner	3309649	04/05/2009	Player			-	-	-
8 S	Leah Kessler	3309085	10/22/2008	Player			-	-	-
11 MB	Carly White	4645181	12/08/2008	Player			-	-	-
12 S	Lily Acker	4410451	08/20/2009	Player			-	-	-
17 MB	Aicha Kann	4918760	10/16/2008	Player			-	-	-
25 OH	Joanna Craft	3300862	07/09/2008	Player			-	-	-
27 MB	Piper Bialek	4396397	09/27/2008	Player			-	-	-
32 DS	Leah Zocco	4112385	01/07/2009	Player			-	-	-
34 OH	Ava Legath	4398685	04/09/2009	Player			-	-	-
35 DS	Lilly Jankowski	4523435	03/26/2009	Player			-	-	-
AC	Nicole Werner	4633521	02/08/1998	IMPACT	YES	YES	-	-	6107639713
HC	Dennis Werner	1495749	06/23/1968	IMPACT	YES	YES	-	-	6106989434
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...)