Team: EC Power KOP 13-Sky (F) Team code: G13ECPWR1KE

Club: East Coast Power Volleyball Division: 13 Open

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 S	Kinley Brock	4842250	01/18/2011	Player			-	-	-
3 OH	Anya Liu	4704309	08/30/2010	Player			-	-	-
4 LB	Julia Acker	4405541	05/27/2011	Player			-	-	-
8 MB	Emma Rhodes	4364357	03/15/2011	Player			-	-	-
10 MB	Izabella Johnson	4388045	11/13/2010	Player			-	-	-
12 RS	Genevieve Prince	4643904	01/30/2011	Player			-	-	-
13 DS	Laurel Arruda	4368298	01/07/2011	Player			-	-	-
14 S	Payton Kerr	4383006	10/27/2010	Player			-	-	-
15 MB	Kailey Pyszczymuka	4406183	04/28/2011	Player			-	-	-
16 MB	Ava Rokosky	4643398	12/16/2010	Player			-	-	-
18 MB	Gabrielle Oyefara	4732381	10/11/2010	Player			-	-	-
19 S	Alexis Tyson	4612438	08/31/2010	Player			-	-	-
AC	Patricia Heckler	2747536	01/04/1977	IMPACT	YES	YES	-	-	2156802343
HC	Katherine Arnow	2607909	03/29/1970	IMPACT	YES	YES	-	-	4452740838
AC	Marta Johnson	4411408	04/08/1977	IMPACT	YES	YES	-	-	2154999447
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...)