

Team: **EC Power KOP 14-Wave (F)**

Club: **East Coast Power Volleyball**

Team code: **G14ECPWR2KE**

Division: **14 Club**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1 S	Ailve Song	4204667	04/20/2010	Player			-	-	-
7 MB	Camryn McLean	4811151	04/22/2010	Player			-	-	-
9 DS	Sarah Yang	4378533	06/04/2010	Player			-	-	-
10 DS	lily grzymala	4407641	04/12/2010	Player			-	-	-
11 MB	Ryleigh Gunn	4419793	09/15/2009	Player			-	-	-
13 OH	Ava Okolo	4394466	02/16/2010	Player			-	-	-
14 S	Hailey Drewes	4409042	10/26/2009	Player			-	-	-
16 DS	Regan Grune	4383818	03/16/2010	Player			-	-	-
22 OH	Anna Bracali	4130800	07/22/2010	Player			-	-	-
24 RS	Azariya Leftridge	4641640	10/15/2009	Player			-	-	-
25 RS	Harper Mayes	3308776	09/25/2009	Player			-	-	-
TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034
AC	<b>Logan Martin</b>	2871018	03/07/2003	IMPACT	YES	YES	-	-	7175758147
HC	<b>Haley Oakley</b>	4800880	06/14/1997	IMPACT	YES	YES	-	-	6188309370

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...)