

Team: **EC Power KOP 15-Electric**Club: **East Coast Power Volleyball****(F)**Team code: **G15ECPWR2KE**Division: **15 Patriot**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1 MB	Haley Lukach	4403951	10/29/2008	Player			-	-	-
7 OH	Audrey DiSiro	4075331	07/16/2009	Player			-	-	-
11 OH	karlee impriano	4524406	11/11/2008	Player			-	-	-
13 DS	Vivian Highland	4420167	03/15/2009	Player			-	-	-
14 MB	Willa Roberts-Beg	4777018	10/08/2008	Player			-	-	-
17 MB	Ava Hogan	4702771	05/09/2009	Player			-	-	-
20 OH	Ava Preate	4942373	11/20/2008	Player			-	-	-
21 S	Lizzie Buckley	3310164	08/10/2009	Player			-	-	-
24 OH	Bailey Riley	4107986	03/21/2009	Player			-	-	-
25 OH	Sofia Fantauzzi	4405184	05/22/2009	Player			-	-	-
44 MB	Brienna McKinney	4642186	12/30/2008	Player			-	-	-
60 S	Madeline Reese	3304644	03/31/2009	Player			-	-	-
TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034
AC	<b>Amanda Boyer</b>	1485181	11/14/1985	IMPACT	YES	YES	-	-	7244623983
HC	<b>Scott Pincura</b>	2430637	12/20/1971	IMPACT	YES	YES	-	-	4848830750

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