

Team: **EC Power KOP 16-Liberty**Club: **East Coast Power Volleyball****(F)**Team code: **G16ECPWR2KE**Division: **16 Open**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1 DS	Giuliana Storti	4102516	05/22/2008	Player			-	-	-
2 OH	Marissa Storti	4115531	12/21/2007	Player			-	-	-
4 OH	Sara Ramirez	4408517	05/09/2008	Player			-	-	-
7 OH	Maeve Mangler	4646989	03/07/2008	Player			-	-	-
9 S	katelyn royds	4363233	09/29/2007	Player			-	-	-
16 S	Charlotte McClain	4096714	04/14/2008	Player			-	-	-
19 OH	Faith Hendrick	3310980	10/19/2007	Player			-	-	-
20 OH	Alia Schmidt	4419899	07/16/2007	Player			-	-	-
22 DS	Angelina Zhang	4045248	01/13/2008	Player			-	-	-
27 OH	Marisa Guan	3214332	03/21/2008	Player			-	-	-
37 MB	Madeleine Scherzer	4369986	10/01/2007	Player			-	-	-
TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034
AC	<b>Janel Gluch</b>	1938348	07/31/1992	IMPACT	YES	YES	-	-	9089636435
AC	<b>Arthur Matthews</b>	1189428	05/15/1970	IMPACT	YES	YES	-	-	2155881696
HC	<b>Hannah Dalton</b>	2618311	01/05/2000	IMPACT	YES	YES	-	-	2676259862

The following team members are eligible for Team Check In Wristbands - Athletes: 11, 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...)