

Team: **EC Power KOP 16-Navy (F)**

Club: **East Coast Power Volleyball**

Team code: **G16ECPWR3KE**

Division: **16 Patriot**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 MB	Anna Schugsta	4917577	08/23/2007	Player			-	-	-
3 DS	Ava Karlinsey	3305957	11/05/2007	Player			-	-	-
4 DS	Molly McFadden	3279575	05/30/2008	Player			-	-	-
10 S	Kaitlyn Leberstien	3093995	10/05/2007	Player			-	-	-
12 OH	Sophia Thiboutot	4549770	10/10/2007	Player			-	-	-
15 S	Alyssa Daniels	3357388	01/15/2008	Player			-	-	-
21 DS	Bridget Flannery	4126451	01/16/2008	Player			-	-	-
22 OH	Siena Repici	4647728	03/22/2008	Player			-	-	-
23 MB	Samantha Cellucci	4430760	11/06/2007	Player			-	-	-
25 DS	Alexis Farnsworth	4689552	07/23/2007	Player			-	-	-
38 OH	Nora Prince	4418836	08/22/2008	Player			-	-	-
44 OH	Pearl Johnson	4846370	09/30/2007	Player			-	-	-
TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034
AC	Aislin Resurreccion	2535348	03/29/2002	IMPACT	YES	YES	-	-	2154954089
HC	Daamir Robinson	4626826	06/01/1998	IMPACT	YES	YES	-	-	2676943584

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...)