

Team: **EC Power KOP 17-Cobalt (F)**

Club: **East Coast Power Volleyball**

Team code: **G17ECPWR2KE**

Division: **17 Patriot**

Jers. #	Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
1	OH	Sasha Moody	4691880	10/05/2006	Player			-	-	-
4	MB	Maeve Daley-Gibson	4472398	04/01/2007	Player			-	-	-
6	S	Priya Johnson	3316181	02/28/2007	Player			-	-	-
8	OH	Victoria Shamanow	4878714	12/28/2006	Player			-	-	-
10	DS	Aliz Uejima	3310060	08/10/2007	Player			-	-	-
11	OH	Ruby Sanderell	3165869	08/11/2007	Player			-	-	-
14	OH	Claire Zangerle	4145749	11/20/2006	Player			-	-	-
16	DS	Shannon Leo	4464211	08/02/2006	Player			-	-	-
19	DS	Gabriella Gigliotti	4685663	05/31/2007	Player			-	-	-
21	MB	Ava Ninneman	4107119	12/06/2006	Player			-	-	-
44	S	Rayna Burke	3010225	12/25/2006	Player			-	-	-
	TR	Roberta McGuiney	1226574	10/20/1987	IMPACT	YES	YES	-	-	4438587034
	AC	Krista rodgers	2647946	02/18/2001	IMPACT	YES	YES	-	-	5713866090
	AC	George Trabosh	1518417	09/15/1957	IMPACT	YES	YES	-	-	4846147988
	HC	Stephanie Judkins	2016742	10/19/1998	IMPACT	YES	YES	-	-	2677338266

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...)