Team: **EC Power CH 15-Stealth DC (F)**

Club: **EC Power Chesapeake**

Team code: **G15ECPCH4CH**

Division: **15 Club**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 DS	Renee Jenkins	3323271	11/14/2007	Player			-	-	-
3 DS	Zahara Coleman	3149648	04/10/2008	Player			-	-	-
4 MB	Dylan Bryan	4683770	03/04/2008	Player			-	-	-
6 OH	Julia Shakeshaft	4357673	04/21/2008	Player			-	-	-
11 OH	Yaein kim	3313425	12/13/2007	Player			-	-	-
12 MB	Kimberley Li	4689934	09/07/2007	Player			-	-	-
15 OH	Cire Agosto	4501558	08/04/2007	Player			-	-	-
17 OH	Autumn Okorie	4183909	07/31/2008	Player			-	-	-
22 OH	Kenya Ibe	4689976	03/05/2008	Player			-	-	-
25 S	Heidi Velikonja	4706748	12/04/2007	Player			-	-	-
TR	Christopher Smith	1228642	07/02/1991	IMPACT	YES	YES	-	-	3028984553
HC	**Nacola Smith**	2689009	01/31/1975	IMPACT	YES	YES	-	-	2023687330
AC	**Ingrid Bayer**	4645231	03/28/2000	IMPACT	YES	YES	-	-	3036566111

The following team members are eligible for Team Check In Wristbands - Athletes: 10, 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...)