

Team: **EC Power CH 15-Marvel DE (F)**

Club: **EC Power Chesapeake**

Team code: **G15ECPCH1CH**

Division: **15 Patriot**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 S	Joy Yang	3158802	05/26/2008	Player			-	-	-
3 OH	Genevieve Carson	4398908	10/04/2007	Player			-	-	-
4 OH	Aashritha Koya	3177488	06/25/2008	Player			-	-	-
5 OH	Claire Serth	3342328	11/04/2007	Player			-	-	-
6 DS	Princess Mendoza	4466636	09/20/2007	Player			-	-	-
10 OH	Lorya Xu	4045246	04/04/2008	Player			-	-	-
12 MB	Payton Heller	4645605	03/14/2008	Player			-	-	-
13 S	Kylie Schrader	4620199	03/11/2008	Player			-	-	-
17 OH	McKenzie Ross	3377847	02/01/2008	Player			-	-	-
18 OH	MaKenzie Miller	3151916	04/03/2008	Player			-	-	-
26 OH	Nora Biddle	3161540	03/13/2008	Player			-	-	-
TR	Christopher Smith	1228642	07/02/1991	IMPACT	YES	YES	-	-	3028984553
HC	Michael Bufano	2290779	06/24/1967	IMPACT	YES	YES	-	-	3028931313
AC	Samantha Mann	2662340	05/20/2002	IMPACT	YES	YES	-	-	6103228579

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