

Team: **EC Power CH 14-Potomac DC (F)**

Team code: **G14ECPCH4CH**

Club: **EC Power Chesapeake**

Division: **14 Club**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
5 OH	Chloe Wisniewski	4721486	06/04/2009	Player			-	-	-
7 DS	Emilly Muhammad	4671557	12/27/2008	Player			-	-	-
8 OH	Lena Naltchayan	4424922	03/25/2009	Player			-	-	-
11 S	Alysa Smith	4433498	12/15/2008	Player			-	-	-
12 DS	Eryn Cox	4644865	06/23/2009	Player			-	-	-
15 S	Julie Daniel	4592821	08/15/2008	Player			-	-	-
16 OH	Amy Dardeli	4626305	12/12/2008	Player			-	-	-
23 OH	Anaya Gupta	4438156	06/19/2009	Player			-	-	-
24 OH	Abigail Williams	4671190	06/09/2009	Player			-	-	-
25 MB	Paige Wollenhaupt	4424712	05/25/2009	Player			-	-	-
30 OH	Amelia Eritano	4528298	12/30/2008	Player			-	-	-
86 DS	Tennyson Fitzgerald	4335084	02/08/2009	Player			-	-	-
AC	<b>Abigail Nejako</b>	4453057	08/29/1996	IMPACT	YES	YES	-	-	3029876543
HC	<b>Kathryn Miller</b>	4451939	01/06/1997	IMPACT	YES	YES	-	-	7036354935
TR	Christopher Smith	1228642	07/02/1991	IMPACT	YES	YES	-	-	3028984553

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

Date

Printed name

Cell Phone

Role: (Club director etc...)