

Team: **EC Power CH 17-Quartz DC**Club: **EC Power Chesapeake****(F)**Team code: **G17ECPCH4CH**Division: **17 Club**

Jers. #/Pos.	Name	USAV #	Birthdate	Cert.	BKG	SS	Ref	Score	Cell Phone
2 S	Audrey Shiplett	3148090	08/10/2006	Player			-	-	-
3 S	Ida Steinberg	3155279	03/01/2007	Player			-	-	-
4 OH	Samantha O'Brien	4373815	07/14/2006	Player			-	-	-
5 MB	Reagan Dronen	3333521	10/05/2005	Player			-	-	-
6 OH	Audrey Herlands	4075763	05/06/2006	Player			-	-	-
9 OH	Andrea Iriarte Gamboa	2783791	10/28/2005	Player			-	-	-
11 OH	Jacklyn Van Vollenhoven	4464339	03/02/2006	Player			-	-	-
13 DS	Hannah Banford	3173078	04/10/2006	Player			-	-	-
14 MB	Brooke Lyttle	4378132	12/13/2005	Player			-	-	-
16 OH	Samantha Van Vollenhoven	4464359	03/02/2006	Player			-	-	-
23 MB	Rosemary Degn	4663226	01/23/2006	Player			-	-	-
24 DS	Grace Raymond	3300129	02/21/2006	Player			-	-	-
TR	Christopher Smith	1228642	07/02/1991	IMPACT	YES	YES	-	-	3028984553
HC	Heidi Gaston	2276169	05/12/1978	IMPACT	YES	YES	-	-	5712940451
AC	Jaia Bean	4478668	11/20/1997	IMPACT	YES	YES	-	-	4342607087

The following team members are eligible for Team Check In Wristbands - Athletes: 12, 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, 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...)