

# 2024 April Fools Fallout

4/6/2024 - 4/7/2024

**Team** EC Power BERKS 18-Regal  
**Club** East Coast Power Volleyball

**Team Code** G18ECPWR5KE  
**Division** 17/18 Girls

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Jackson, Brian	07/31/75		01/29/24
Assistant Coach	Stern, Joshua	02/28/76		01/29/24
Team Representative	McGuiney, Roberta	10/20/87		01/29/24
9 Libero	Stern, Summer	09/09/06	2025	01/29/24
14 Libero	Hartline, Peyton	08/01/06	2024	01/29/24
18 Middle	Riehl, Mikayla	10/20/06	2025	01/29/24
19 Middle	Fisher, Ida	06/14/06	2024	01/29/24
21 Setter	Jones, Hailey	06/21/06	2024	01/29/24
22 Setter	Emrich, Marli	11/09/05	2024	01/29/24
24 Setter	Niedrowski, Cameryn	03/30/06	2024	01/29/24
25 Middle	Kline, Airyanna	01/27/06	2024	01/29/24
28 Left	Means, Cassidy	03/20/06	2024	01/29/24
34 Setter	Kline, Greta	04/22/07	2025	01/29/24

Roster size: 13 (10 players and 3 staff members)

\*\* Denotes player is team captain, [W] Denotes waived player

## Event Roster & Medical/Emergency Release Form Requirements

1. The above roster is correct and contains all players who will be participating in the event. All players listed on the roster must be registered or members in good standing with their respective Member Organization.
2. All players must meet age classification requirements. NOTE: Age Waiver players are NOT eligible for Qualification events and National competitions (National & Regional Qualifiers and the Junior Olympics).
3. All staff listed on the roster must be registered or members in good standing with their respective Member Organization. A staff member listed on the roster for the team/club will be with this team/club at all times during while attending this competition.
4. All coaches are required to be at a minimum Impact certified.
5. A staff member listed on the roster for the team will be with this team and have in their immediate possession at all times during this competition a complete and legible copy of the Medical/Emergency Release Form for each player listed on the official roster.
6. The team understands it is subject to any and all penalties for incorrect or incomplete information on this form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

[ submitted 01/29/2024 09:39:12 AM ]