

2024 Boardwalk Block Party

4/20/2024 - 4/21/2024

Team EC Power BUCKS 12-Poppy
Club East Coast Power Volleyball

Team Code G12ECPWR8KE
Division 13 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Wilson, Suzanne	06/03/81		03/26/24
Assistant Coach	Pringle, Daniel	01/29/72		03/26/24
Team Representative	McGuiney, Roberta	10/20/87		03/26/24
3	Jenkins, Thelma	01/25/11	2029	03/26/24
7	kampf, brynn	02/07/12	2030	03/26/24
9	Schimpf, Ashlee	12/14/11	2029	03/26/24
10	Robillard, Whitney	09/30/11	2030	03/26/24
11	Wilson, Mary	05/24/12	2030	03/26/24
12	Minacci, Emily	03/19/12	2030	03/26/24
13	Dalewitz , Madison	11/17/10	2029	03/26/24
14	Denberg, Zoe	01/14/11	2029	03/26/24
16	Gelfand , Addison	01/18/11	2029	03/26/24
17	Agostino, Macy	08/17/11	2030	03/26/24
26	Brittin, Evelyn	04/26/12	2030	03/26/24

Roster size: 14 (11 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