

# 2024 JVA Charm City Challenge

2/3/2024 - 2/4/2024

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

**Team Code** G18ECPWR5JVAJV  
**Division** 18 Open

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Jackson, Brian	07/31/75	Yes	01/17/24
Assistant Coach	Stern, Joshua	02/28/76	Yes	01/27/24
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	01/17/24
9 Libero	Stern, Summer	09/09/06		01/17/24
14 Libero	Hartline, Peyton	08/01/06		01/17/24
18 Middle	Riehl, Mikayla	10/20/06		01/17/24
19 Middle	Fisher, Ida	06/14/06		01/17/24
21 Setter	Jones, Hailey	06/21/06		01/17/24
22 Setter	Emrich, Marli	11/09/05		01/17/24
24 Setter	Niedrowski, Cameryn	03/30/06		01/17/24
25 Middle	Kline, Airyanna	01/27/06		01/17/24
28 Left	Means, Cassidy	03/20/06		01/17/24
34 Setter	Kline, Greta	04/22/07		01/17/24

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 01/27/2024 11:51:47 AM ]