

2024 JVA Charm City Challenge

2/3/2024 - 2/4/2024

Team EC Power BUCKS 15-Indigo
Club East Coast Power Volleyball

Team Code G15ECPWR8JVAJV
Division 15 Premier

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	King, Joel	01/20/68	Yes	12/26/23
Assistant Coach	Lynch, Kinsey	07/26/82	Yes	12/26/23
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	01/17/24
1 Left	Rivera, Lily	11/11/10		12/26/23
2 Left	Siuta, Zoe	09/02/08		12/26/23
3 Left	Vonder Schmalz, Brynne	12/29/08		01/05/24
4 Middle	Minacci, Allison	04/08/09		12/26/23
5 DS	Christall, Isla	03/12/09		12/26/23
8 Setter	Shank, Emma	04/24/09		12/26/23
9 DS	Schimpf, Alivia	06/30/09		12/26/23
10 Left	Lynch , Kya	09/09/09		12/26/23
11 Left	Harm, Grace	09/07/08		12/26/23
18 Left	O'Brien, Carmyn	10/17/08		12/26/23
22 Left	Darling, Summer	06/22/09		12/26/23
23 Middle	Heininger, Sofia	05/25/09		12/26/23

Roster size: 15 (12 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 01/17/2024 12:19:35 PM]