

2024 JVA Charm City Challenge

2/3/2024 - 2/4/2024

Team EC Power BUCKS 16-Cadet
Club East Coast Power Volleyball

Team Code G16ECPWR8JVAJV
Division 16 Club

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Coxey, Loretta	06/26/79	Yes	01/21/24
Assistant Coach	Walters, Bruce	09/21/62	Yes	01/21/24
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	01/20/24
3 Setter	McCusker, Erinn	03/27/08		01/20/24
5 Left	Reptsik, Kinsey	11/05/07		01/20/24
6 DS	McCoy, Scarlett	10/24/07		01/20/24
7 Setter	Potrusilova, Sofie	02/13/09		01/20/24
10 DS	Passerini, Marissa	10/10/07		01/20/24
11 Left	Potrusilova, Madlen	02/22/08		01/20/24
13 Middle	Dorrington, Kate	09/10/07		01/20/24
14 Setter	Mahon, Sophie	12/31/07		01/20/24
19 Middle	Coxey, Reese	02/20/08		01/20/24
25 Left	Bombas, Mackenzie	04/07/08		01/20/24

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 01/21/2024 03:01:18 PM]