

2024 JVA Charm City Challenge

2/3/2024 - 2/4/2024

Team EC Power KOP 15-True
Club East Coast Power Volleyball

Team Code G15ECPWR1JVAJV
Division 15 Open

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Lieber, Steven	06/19/82	Yes	01/24/24
Assistant Coach	Maugle, Devon	03/02/93	Yes	01/24/24
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	01/23/24
2 Setter	Peduzzi, Brooke	09/05/08		01/23/24
5 Middle	Moy, Sarah	01/31/09		01/23/24
6 DS	Ochoa, Addison	01/29/09		01/23/24
8 Libero	Mobley, Mia	09/11/08		01/23/24
12 Middle	Stokes, Maeve	01/12/09		01/23/24
13 Left	Johnson, Jady	09/10/08		01/23/24
14 Left	Tilghman, Kayla	12/29/08		01/23/24
17 Setter	McCoy, Madison	07/13/08		01/23/24
18 Left	Swope, Greta	10/06/08		01/23/24
24 Left	Roach , Adrianna	09/06/08		01/23/24
27 Setter	Angelucci, Marley	09/15/08		01/23/24

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

[submitted 01/24/2024 02:19:18 PM]