

# 2024 JVA Charm City Challenge

2/3/2024 - 2/4/2024

**Team** EC Power LV 13-Galaxy  
**Club** East Coast Power Volleyball

**Team Code** G13ECPWR11JVAJV  
**Division** 13 Open

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Roman, Donna	03/21/70	Yes	01/23/24
Assistant Coach	Walters, Nicole	03/25/72	Yes	01/31/24
Assistant Coach	Chambers, Sue	03/06/74	Yes	01/27/24
1 Left	Strobl, Emily	12/07/11		01/23/24
2 Left	McAdams, Jaelyn	09/10/10		01/23/24
4 Setter	Currie , JoElle	08/25/10		01/23/24
6 Left	WILDASIN, MCKENZIE	02/14/12		01/23/24
8 Left	Walls, Samantha	07/11/11		01/23/24
10 Left	Sauer, Avery	08/10/11		01/23/24
11 Left	Brown, Ellie	01/11/11		01/23/24
12 Left	Barry, Lily	08/28/10		01/23/24
13 Left	Visco, Alexandra	03/05/11		01/23/24
18 Left	Chyu, Alexis	03/31/11		01/23/24
34 Middle	Conti, Madelyn	11/16/10		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 01/31/2024 04:00:11 PM ]