

2024 JVA Charm City Challenge

2/3/2024 - 2/4/2024

Team	EC Power LV 15-Rhapsody	Team Code	G15ECPWR12JVAJV
Club	East Coast Power Volleyball	Division	15 Club

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Grapsy, Ava	05/05/02	Yes	12/26/23
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	01/17/24
Assistant Coach	Hoppes, Tiffany	11/30/98	Yes	12/26/23
1 Setter	Al-Alim, Sama	06/11/09		12/26/23
3 Left	Anderson, Graceanna	05/04/09		12/26/23
5 Setter	Brader, Gabriella	05/01/09		12/26/23
7 Left	Racolta, Nicole	01/21/09		12/26/23
10 DS	George, Alexa	07/10/09		12/26/23
18 DS	Kristel, Anna	12/30/08		12/26/23
19 Left	Boyle, Jessalynn	10/19/08		12/26/23
21 Setter	DeLuna, Emmerson	09/23/08		12/26/23
27 Left	Grochowski, Kali	07/29/08		12/26/23
99 DS	McAdams, Kiley	02/25/09		12/26/23

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 01/17/2024 12:22:24 PM]