

# 2024 JVA Charm City Challenge

2/3/2024 - 2/4/2024

**Team** EC Power LV 16-Carolina  
**Club** East Coast Power Volleyball

**Team Code** G16ECPWR11JVAJV  
**Division** 16 Premier

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Conway, Kristen	11/11/83	Yes	01/26/24
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	01/21/24
Assistant Coach	Sherwin, Valerie	01/21/66	Yes	01/26/24
7 Left	Stanten, Mia	05/25/08		01/20/24
8 Middle	Landis, Riley	10/11/07		01/20/24
11 Middle	Bedics, Sophia	02/11/08		01/20/24
15 Setter	Stankewicz, Abby	05/08/09		01/20/24
19 Left	Bell, Jocelyn	12/19/08		01/20/24
20 Left	Pristas, Natalie	11/08/07		01/20/24
21 Left	Hinds, Maleya	11/08/07		01/20/24
22 Setter	Ruggiero, Piper	06/22/09		01/20/24
26 Middle	Beamer, Lauren	11/03/07		01/20/24

Roster size: 12 (9 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 01/26/2024 05:53:02 PM ]