

2024 JVA World Challenge

4/12/2024 - 4/14/2024

Team EC Power KOP 16-Empire
Club East Coast Power Volleyball

Team Code G16ECPWR1JVAJV
Division 16 Open

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Feltz, Evan	08/02/96	Yes	01/25/24
Assistant Coach	Custer, Gina	03/10/00	Yes	01/25/24
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	12/26/23
3 Right	Hill, Regan	09/21/07		12/26/23
4 DS	Bricker, Alanna	11/21/07		12/26/23
7 DS	Van Deusen, Stalena	04/25/08		12/26/23
8 Left	Carickhoff, Eleanor	07/28/08		12/26/23
9 Setter	Van Deusen, Holland	04/25/08		12/26/23
10 Setter	Groff, Peyton	06/13/08		12/26/23
18 DS	Esslinger, Chloe	02/14/08		12/26/23
21 Left	MacMillan, Abigail	09/21/07		12/26/23
28 Middle	Weeber, Lucy	08/13/07		12/26/23
30 Left	McKenna, Colbie	07/14/08		12/26/23
33 Middle	Bush, Madeleine	12/31/07		12/26/23
42 Middle	Busch, Norah	06/07/08		12/26/23

Roster size: 15 (12 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 01/25/2024 11:13:43 PM]