

2024 May Madness

5/11/2024 - 5/12/2024

Team EC Power BERKS 14-Bayou
Club East Coast Power Volleyball

Team Code G14ECPWR6KE
Division 14 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Swoyer, Keira	08/10/01		12/26/23
Assistant Coach	Hampton, Sophie	06/06/03		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Left	Trang, Vivian	01/01/10	2028	12/26/23
3 Left	Lawrence, Adelyn	01/29/10	2028	12/26/23
5 Left	Hebhardt, Jillian	04/02/10	2028	12/26/23
6 Middle	Shuker, Chloe	03/20/10	2028	12/26/23
7 Left	Xie, Julia	03/19/10	2028	12/26/23
10 Left	Link, Lana	04/25/10	2028	12/26/23
11 Left	Hernandez, Roselyn	12/05/09	2028	12/27/23
16 Setter	Kramer, Julia	10/06/09	2028	12/26/23
17 Left	Adam, Ava	10/15/09	2028	12/26/23
18 Left	Stanziola , Maria	08/28/09	2027	12/26/23
98 Libero	Lawry, Sara	09/08/09	2028	12/26/23

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