

2024 May Madness

5/11/2024 - 5/12/2024

Team EC Power KOP 15-Blue
Club East Coast Power Volleyball

Team Code G15ECPWR18KE
Division 15 Club

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Peduzzi, Catherine	03/08/76		02/06/24
Assistant Coach	McClain, Olivia	03/12/05		02/06/24
Team Representative	McGuiney, Roberta	10/20/87		02/06/24
2 DS	Walp , Lily	12/06/08	2027	02/06/24
3 Setter	Kerns, Allison	03/13/09	2027	02/06/24
5 Left	Santonastasi, Ava	03/24/09	2027	02/06/24
6 Left	Vuotto, Adriana	06/03/09	2027	02/06/24
9 DS	Pernock, Vivian	08/07/09	2027	02/06/24
10 DS	Spychalski, Natalya	10/10/08	2027	02/06/24
11 Left	Olin, Lily	02/11/09	2027	02/06/24
12 Left	Ellis, Norah	10/08/08	2027	02/06/24
13 DS	Hamric, Lily Flores	06/30/09	2027	02/06/24
22 Left	Tang, Samantha	08/26/08	2025	02/06/24
27 Setter	Stomel, Peyton	05/27/09	2027	02/06/24
38 DS	Thomas, Lily	12/19/08	2027	02/06/24

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