

2024 May Madness

5/11/2024 - 5/12/2024

Team EC Power KOP 15-True **Team Code** G15ECPWR1KE
Club East Coast Power Volleyball **Division** 15 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Lieber, Steve	06/19/82		12/26/23
Assistant Coach	Maugle, Devon	03/02/93		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 Setter	Peduzzi, Brooke	09/05/08	2027	12/26/23
5 Middle	Moy, Sarah	01/31/09	2027	12/26/23
6 DS	Ochoa, Addison	01/29/09	2027	12/26/23
8 Libero	Mobley, Mia	09/11/08	2027	12/26/23
12 Middle	Stokes, Maeve	01/12/09	2027	12/26/23
13 Left	Johnson, Jady	09/10/08	2027	12/26/23
14 Left	Tilghman, Kayla	12/29/08	2027	12/26/23
17 Setter	McCoy, Madison	07/13/08	2026	12/26/23
18 Left	Swope, Greta	10/06/08	2027	12/26/23
27 Setter	Angelucci, Marley	09/15/08	2027	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