

# 2024 May Madness

5/11/2024 - 5/12/2024

Team EC Power BERKS 15-Wild Team Code G15ECPWR6KE  
Club East Coast Power Volleyball Division 15 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Turner, Mary	04/13/76		02/07/24
Assistant Coach	Mejias, Paola	05/27/03		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1	Klinger , Kirra	04/01/09	2027	12/26/23
5 Left	Okken, Olivia	12/11/08	2027	12/26/23
6 DS	Hearing, Molly	11/06/08	2027	12/26/23
7	Leisse, Samantha	06/28/09	2027	12/26/23
13 Setter	Fabian, Jayleannie	11/10/08	2026	12/26/23
20 Setter	Turner, Eden	01/07/09	2027	12/26/23
21 Right	Yoder, Chloe	09/05/08	2027	12/26/23
22 Left	Miller, Cecilia	07/29/09	2027	12/26/23
24 Left	Horst, Alayna	10/29/08	2027	12/26/23
25 Right	Cristurean , Bianca	03/30/09	2026	12/26/23
30	Brown , Alyssa	02/20/09	2027	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