

# Liberty Belles 15's Cup

4/27/2024

**Team** EC Power KOP 15-Blue **Team Code** G15ECPWR18JVAJV  
**Club** East Coast Power Volleyball **Division** 15 Girls

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Peduzzi, Catherine	03/08/76	Yes	02/18/24
Assistant Coach	McGuiney, Roberta	10/20/87	Yes	02/18/24
Team Representative	McGuiney, Roberta	10/20/87	Yes	02/18/24
2 DS	Walp , Lily	12/06/08		02/18/24
3 Setter	Kerns, Allison	03/13/09		02/18/24
5 Left	Santonastasi, Ava	03/24/09		02/18/24
6 Left	Vuotto, Adriana	06/03/09		02/18/24
9 DS	Pernock, Vivian	08/07/09		02/18/24
10 DS	Spychalski, Natalya	10/10/08		02/18/24
11 Left	Olin, Lily	02/11/09		02/18/24
12 Left	Ellis, Norah	10/08/08		02/18/24
13 DS	Hamric, Lily Flores	06/30/09		02/18/24
22 Left	Tang, Samantha	08/26/08		02/18/24
27 Setter	Stomel, Peyton	05/27/09		02/18/24
38 DS	Thomas, Lily	12/19/08		02/18/24

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

[ submitted 02/18/2024 02:59:02 PM ]