## 2024 NVA March Madness

3/17/2024

Team Club	EC Power KOP 14-Riptide East Coast Power Volleyball		Team Coo Division	de	G14ECPWR3JVAJV 14 Girls			
Jers. # / Pos.		Name		Birtl	hdate	JVA BG	Added	
Head Coach		Uzzell, Imani		11/2	7/00	Yes	01/29/24	
Assistant Coac	h	Igonin, Daria		04/0	7/05	Yes	01/29/24	
Team Represe	ntative	McGuiney, Roberta		10/2	0/87	Yes	01/29/24	
4 Left		Orchard, Izzy		12/3	0/09		01/29/24	
5 Middle		Murray, Keira		12/08	8/09		01/29/24	
8 DS		Rinaldi, Catherine		02/04	4/10		01/29/24	
9 Left		Hamilton, Mikayla		05/1	1/10		01/29/24	
12 Left		Grzymala, Isabella		04/12	2/10		01/29/24	
16 Left		McGinley, Maura		03/1	5/10		01/29/24	
18 Left		Wiley, Kaihanna		01/18	8/10		01/29/24	
21 Left		Hill, Ava		06/2	1/11		01/29/24	
27 Left		Patruno, Annie		08/13	3/09		01/29/24	
28 Left		Tackett, Emily		02/0	5/10		01/29/24	
Roster size: 13 (10 players and 3 staff members)				** Denotes player is team captain, [W] Denotes waivered 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

Date

Phone Number

[ submitted 01/29/2024 11:24:57 PM ]