

# 2024 NVA Spring Fling

4/13/2024

**Team** EC Power BUCKS 15-Flame  
**Club** East Coast Power Volleyball

**Team Code** G15ECPWR9JVAJV  
**Division** 15 Girls

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Godfrey, Thomas	08/20/84	Yes	02/28/24
Assistant Coach	Haley, Stephen	01/28/68	Yes	02/28/24
Team Representative	McGuiney, Roberta	10/20/87	Yes	02/28/24
1 Left	West, Allison	06/12/09		02/28/24
2 DS	Frith, Liberty	04/22/09		02/28/24
4 Left	Zheng, Grace	01/21/09		02/28/24
7 DS	Mackenzie , Sara	02/11/09		02/28/24
9 Setter	Basile, Maya	07/09/09		02/28/24
17 Left	SCHMIDT, NATALIA	02/14/09		02/28/24
20 Setter	Hartman , Riley	02/03/09		02/28/24
21 Middle	Fiander, Sophie	12/13/08		02/28/24
23 Middle	Estrada, Sofia	01/23/09		02/28/24
24 Left	Cardillo, Olivia	06/02/09		02/28/24
26 DS	Coyle, Ashlin	07/26/08		02/28/24

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

[ submitted 02/28/2024 08:35:08 AM ]