## 2024 NVA Spring Fling

4/13/2024

Team EC Power KOP 14-Wave
Club East Coast Power Volleyball

Team Code G14ECPWR2JVAJV
Division 14 Girls

Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Oakley, Haley	06/14/97	Yes	02/01/24
Assistant Coach	Martin, Logan	03/07/03	Yes	02/01/24
Team Representative	McGuiney, Roberta	10/20/87	Yes	02/01/24
1 Setter	Song, Ailve	04/20/10		02/01/24
7 Middle	McLean, Camryn	04/22/10		02/01/24
9 DS	Yang, Sarah	06/04/10		02/01/24
10 DS	grzymala, lily	04/12/10		02/01/24
11 Middle	Gunn, Ryleigh	09/15/09		02/01/24
13 Left	Okolo, Ava	02/16/10		02/01/24
14 Setter	Drewes, Hailey	10/26/09		02/01/24
16 DS	Grune, Regan	03/16/10		02/01/24
22 Left	Bracali, Anna	07/22/10		02/01/24
24 Right	Leftridge, Azariya	10/15/09		02/01/24
25 Right	Mayes, Harper	09/25/09		02/01/24

## Event Roster & Medical/Emergency Release Form Requirements

Roster size: 14 (11 players and 3 staff members)

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.

\*\* Denotes player is team captain, [W] Denotes waivered player

- 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	
THIRE NUME	Signature	
Phone Number	Date	
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[ submitted 02/01/2024 10:08:33 PM ]