

Synergy 14s Pot of Gold

3/16/2024

Team Club	EC Power BUCKS 14-River East Coast Power Volleyball	Team Code Division	G14ECPWR9JVAJV 14 Girls
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Jers. # / Pos.	Name	Birthdate	JVA BG	Added
Head Coach	Schaefer, Morgan	07/02/03	Yes	03/15/24
Assistant Coach	Krick, Alison	04/14/91	Yes	03/15/24
Team Representative	McGuiney, Roberta	10/20/87	Yes	03/15/24
3 Left	Martin, Kaylee	03/03/11		03/15/24
7	Hodakowski, Jane	05/14/11		03/15/24
9	Davis, Valeria	11/04/09		03/15/24
10	Parente, Rylee	05/21/10		03/15/24
11	Peters, Madelyn	03/23/11		03/15/24
18	Moyer, Audrey	08/18/10		03/15/24
19	McCloskey, Meghan	09/23/10		03/15/24
21 Left	Philip, Gabriella	04/28/11		03/15/24
23	Sell, Madyson	07/05/09		03/15/24
25	Yoder, Jenna	05/11/11		03/15/24
32	Cole, Ella	11/11/09		03/15/24
99	Jones, Annalise	02/07/11		03/15/24

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 03/15/2024 02:58:45 PM]