

2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team EC Power BERKS 16-Soldier
Club East Coast Power Volleyball

Team Code G16ECPWR6KE
Division 16 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Kline, Steve	12/28/69		12/26/23
Assistant Coach	Jarzyna, Konrad	12/10/76		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
5 Left	Riehl, Marie	05/18/08	2026	12/26/23
11 Middle	Jarzyna, Sarah	11/10/07	2026	12/26/23
12 Left	Trauger, Jordyn	08/13/08	2025	12/26/23
13 Left	Wallace, Callie	03/27/08	2026	12/26/23
14 Left	Clouser, Ryleigh	01/22/08	2026	12/26/23
16 Left	Hirschtritt, Tara	08/16/08	2026	12/26/23
17 Left	Link, Paige	09/17/07	2026	12/26/23
20 Setter	Conner, Clara	03/31/08	2026	12/26/23
22 Middle	Lassandro, Julia	09/15/07	2025	01/05/24
23 DS	Vang, Bianca	03/22/08	2026	12/26/23
82 Setter	Kline, Ellis	06/28/08	2026	12/26/23

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