

2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team EC Power KOP 12-Powder
Club East Coast Power Volleyball

Team Code G12ECPWR2KE
Division 12 Girls

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Dravk, Anna	10/24/03		12/26/23
Assistant Coach	Januzelli, Natalie	01/10/06		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Left	Bogdanowicz, Julia	01/20/14	2032	12/26/23
2 Left	Storti, Luciana	03/12/14	2032	12/26/23
9 Left	Russell, Jolie	02/26/13	2027	12/26/23
12 Left	Li, Tiffany	09/01/11	2029	12/26/23
15 Left	Ferri, Julia	06/15/12	2030	12/26/23
16 Left	Raphael, Ava	05/09/13	2031	12/26/23
23 Left	DiMartile, Katherine	04/18/12	2030	12/26/23
24 Left	Zhou, Yelaine	12/17/11	2030	12/26/23
28 Left	Fedorchak, Leah	11/02/12	2031	12/26/23
41 Left	O'NEIL, EMMA	07/12/11	2029	12/26/23

Roster size: 13 (10 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