

2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team EC Power KOP 13-Lightning
Club East Coast Power Volleyball

Team Code G13ECPWR3KE
Division 13 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Gigliotti, Megan	03/18/78		01/22/24
Assistant Coach	Gigliotti, Olivia	09/01/03		01/22/24
Team Representative	McGuiney, Roberta	10/20/87		01/22/24
2	Wilkinson, Molly	06/20/11	2029	01/22/24
4	Siyanbola , Samantha	09/18/11	2029	01/22/24
7	Kuber, Priyanka	04/21/11	2029	01/22/24
8	Hamel, Maeve	08/17/10	2028	01/22/24
10 Left	Arnold, Amanda	06/23/11	2029	01/22/24
11	Hector, Caitlin	09/05/10	2028	01/22/24
12	Hunter, Serena	10/12/10	2029	01/22/24
13	Martin, Lilliana	02/15/11	2029	01/22/24
14 Left	Bickley, Anna	04/14/11	2029	01/22/24
21	Trempe, Emma	07/25/11	2029	01/22/24
22	Morris, Gabrielle	06/22/11	2029	01/22/24
48	Joerger, Cadence	06/18/11	2029	01/22/24

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