## 2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team Club	EC Power LV 12-Denim East Coast Power Volleyball		Team Code Division	G12ECPWR11KE 12 Girls			
Jers. # / Pos.		Name	Birtho	date	Grad Year	Added	
Head Coach		Perugini, Lina	10/27/	00		12/26/23	
Assistant Coach		Oliver , Rachel	07/19/	87		12/26/23	
Team Represe	ntative	McGuiney, Roberta	10/20/	87		12/26/23	
1		Parsons, Mia	07/13/	11	2029	12/26/23	
2		Sams, Finley	10/30/	11	2030	12/26/23	
5		Rohloff, Paige	02/17/	12	2030	12/26/23	
12		Pius-Nwagwu, Adaora	03/28/	12	2030	12/26/23	
13		Kelly, Maura	08/10/	11	2029	12/26/23	
17		Oliver , Gabriella	06/18/12		2030	12/26/23	
21		Wells, Mia	06/14/13		2031	01/04/24	
27		Przyuski, Grace	04/05/12		2030	12/26/23	
29		Donohue, Lenore	09/24/	11	2029	12/26/23	
37		Nyangweso, Eva	02/07/	12	2030	12/26/23	
Roster size: 13 (10 players and 3 staff members)			** Denotes n	** Denotes player is team captain. [W] Denotes waivered player			

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## 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