2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team Club	EC Power LV 14-Glacier East Coast Power Volleyball		Team Code Division	G14ECF 14 Ame	PWR12KE rican		
Jers. # / Pos.		Name	Birtho	date	Grad Year	Added	
Head Coach		Schad, Kali	08/16/	05		12/26/23	
Assistant Coac	h	Slater, Robert	04/16/	53		12/26/23	
Team Represe	ntative	McGuiney, Roberta	10/20/	87		12/26/23	
1		Flannery, Emerson	05/25/	10	2028	12/26/23	
6 Left		Kazmierczak, Aubrey	07/23/	10	2028	12/26/23	
9		Gangi, Sophia	08/27/	10	2028	12/26/23	
13 Left		Payne, Olivia	08/14/	10	2028	12/26/23	
15		Langmayer, Amelia	03/15/	10	2028	12/26/23	
17		Hlinka, Brianna	10/06/	09	2028	12/26/23	
24		Herter, Grace	04/15/10		2027	12/26/23	
25		Lynch, Natalie	06/17/	10	2028	12/26/23	
31 Setter		Samsel, Chloe	09/14/09		2028	12/26/23	
Roster size: 12 (9 players and 3 staff members)			** Denotes	** Denotes player is team captain, [W] Denotes waivered 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