

# 2024 Coastal Clash

5/4/2024 - 5/5/2024

**Team** EC Power DTOWN 15-Chill  
**Club** East Coast Power Volleyball

**Team Code** G15ECPWR15KE  
**Division** 15 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Schostak, Anna	12/26/97		12/26/23
Assistant Coach	Hutton, Jacqueline	09/06/75		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
5 Left	Morgan, Caroline	07/29/08	2027	12/26/23
7 Middle	Staz, Zoe	01/08/09	2027	12/26/23
8 Left	Poole, Caiden	10/09/08	2027	12/26/23
9 Middle	Sullivan, Tayla	06/15/09	2027	12/26/23
12 DS	Serany, Jolie	05/02/09	2027	12/26/23
14 DS	Bennett, Sage	04/08/09	2027	12/26/23
18 Left	Levendis, Sophia	06/08/09	2028	12/26/23
19 Left	Rubin, Riley	06/09/09	2027	12/26/23
21 Left	Mabry, Sierra	12/24/08	2027	12/26/23
29 Setter	Fogel, Lorelei	08/29/08	2027	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