

2024 Coastal Clash

5/4/2024 - 5/5/2024

Team EC Power DTOWN 16-Battle
Club East Coast Power Volleyball

Team Code G16ECPWR15KE
Division 16 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Heiman, Alexandra	06/15/96		12/26/23
Assistant Coach	Heckenberger, Meredith	07/28/86		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
4 Left	Loudin, Leyla	06/14/08	2026	12/26/23
7 Setter	Gotto, Julianna	07/30/08	2026	12/26/23
8 Left	Capers, Marlie	05/23/08	2026	12/26/23
11 Middle	Paine, Livity	08/19/07	2026	12/26/23
13 Middle	Koontz, Brynn	08/13/07	2026	12/26/23
14 Left	Mock, Leah	05/14/08	2026	12/26/23
17 Left	Caucci, Morgan	09/21/07	2026	12/26/23
19 Left	Ott, Makenna	01/28/08	2026	12/26/23
22 Left	Platz, Taylor	01/07/08	2026	12/26/23
23 DS	Kemp, Madelyn	08/28/07	2026	12/26/23
28 Libero	McLaughlin, Emily	04/28/08	2026	12/26/23

Roster size: 14 (11 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