

2024 Coastal Clash

5/4/2024 - 5/5/2024

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

Team Code G16ECPWR16KE
Division 16 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Mullin, Robert	11/01/71		12/26/23
Assistant Coach	England, Michelle	02/04/86		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3 Left	Theiller, Ava	08/23/08	2026	12/26/23
8 Libero	Morrays, Claire	01/12/08	2026	12/26/23
9 DS	Lizardo, Jamie	09/26/07	2026	12/26/23
10 Left	Lewis, Brooke	10/09/07	2026	12/26/23
13 DS	McFeely, Keira	10/09/07	2026	12/26/23
14 Left	rakow, caroline	10/04/07	2026	12/26/23
15 Left	Kupiec, Addison	04/16/08	2026	01/03/24
16 DS	Peno, Olivia	02/06/08	2026	01/02/24
18 Left	Barr, Molly	02/18/08	2026	12/26/23
20 Setter	Pisano, Sophia	10/05/07	2026	12/26/23
27 Left	rakow, katie	10/04/07	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