

# 2024 Coastal Clash

5/4/2024 - 5/5/2024

**Team** EC Power KOP 16-Navy  
**Club** East Coast Power Volleyball

**Team Code** G16ECPWR3KE  
**Division** 16 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Robinson, Daamir	06/01/98		12/26/23
Assistant Coach	Resurreccion, Aislin	03/29/02		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 Middle	Schugsta, Anna	08/23/07	2026	12/26/23
3 DS	Karlinsey, Ava	11/05/07	2026	12/26/23
4 DS	McFadden, Molly	05/30/08	2026	12/26/23
10 Setter	Leberstien, Kaitlyn	10/05/07	2026	12/26/23
12 Left	Thiboutot, Sophia	10/10/07	2026	12/26/23
15 Setter	Daniels, Alyssa	01/15/08	2026	12/26/23
21 DS	Flannery, Bridget	01/16/08	2026	12/26/23
22 Left	Repici, Siena	03/22/08	2026	12/26/23
23 Middle	Cellucci, Samantha	11/06/07	2026	12/26/23
25 DS	Farnsworth, Alexis	07/23/07	2026	12/26/23
38 Left	Prince, Nora	08/22/08	2026	12/26/23
44 Left	Johnson, Pearl	09/30/07	2026	12/26/23

Roster size: 15 (12 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