

2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team EC Power DTOWN 14-Ice
Club East Coast Power Volleyball

Team Code G14ECPWR15KE
Division 14 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Schostak, Owen	10/27/64		12/26/23
Assistant Coach	McCarthy, Hanna	10/13/87		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Left	Weaver, Anna	02/03/10	2028	12/26/23
3 Setter	Raman, Nandita	09/30/09	2028	12/26/23
4 Left	Romano, Ava	11/04/10	2029	12/26/23
5 Left	Jaros, Alyssa	06/22/10	2028	12/26/23
6 Left	Jaros, Ashleigh	06/22/10	2028	12/26/23
9 Left	Turkelson, Ella	09/09/09	2027	12/26/23
10 Middle	Robbins, Lyla	04/03/10	2028	12/26/23
11 Left	Taylor, Reagan	03/22/10	2028	12/26/23
12 Setter	Hathaway, Brooke	08/07/09	2028	12/26/23
13 Middle	Mitchell, Harper	09/13/09	2028	12/26/23
23 Left	Brinton, Madison	10/23/09	2028	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