

2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team ECPower DTOWN 17-Metallic
Club East Coast Power Volleyball

Team Code G17ECPWR15KE
Division 17 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Caporelli, Melissa	06/09/67		12/26/23
Assistant Coach	LaCesa, Brooke	03/03/00		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3 DS	Chen, Jenny	12/25/06	2025	12/26/23
6 DS	Linahan, Nora	07/18/07	2025	12/26/23
10 Setter	Ward, Aubrey	07/10/07	2025	12/26/23
12 Left	Hollars, Viviana	08/24/07	2025	12/26/23
14 Middle	Swann, Sabrina	01/14/08	2026	12/26/23
15 Left	Huffman, Kendall	07/09/07	2025	12/26/23
17 DS	Walsh, Riley	04/26/07	2025	12/26/23
18 Left	Ross, McKenzie	02/15/08	2026	12/26/23
19 Middle	Slade, Lauren	11/10/06	2025	12/26/23
23 Left	Brotze, Ava	10/06/06	2025	12/26/23
27 Libero	Di Giore, Danielle	03/27/07	2025	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