2024 Prez Day Showdown

2/17/2024 - 2/18/2024

Team Club	EC Power KOP 15-Cool East Coast Power Volleyball		Team Code Division	G15ECPWR3KE 15 National			
Jers. # / Pos.		Name	Birthda	ate	Grad Year	Added	
Head Coach		Cotes-Rivera, Melanie	06/27/0	1		12/26/23	
Assistant Coach	١	Suarez , Andres	11/10/03	3		12/26/23	
Team Represer	ntative	McGuiney, Roberta	10/20/8	7		12/26/23	
2 Left		Wright, Callie	11/06/08	8	2027	12/26/23	
7 Left		Jaffe, Piper	04/01/09	9	2027	01/05/24	
9 Setter		Dorn, Audrey	06/23/09	9	2026	12/26/23	
11 Middle		Turner, Karley	08/07/08	8	2027	12/26/23	
12 DS		Reis , Clara	09/11/09	9	2027	12/26/23	
13 Setter		Glass, Ella	07/01/09	9	2027	12/26/23	
19 Left		rothberg, stevie	01/15/09	9	2027	01/15/24	
20 Left		Focht, Giselle	05/20/09		2027	12/26/23	
21 DS		DiCrecchio, Sophia	06/27/09	9	2027	12/26/23	
22 Left		Havey, Caroline	06/22/09	9	2027	12/26/23	
91 Setter		McHugh, Kiera	07/23/09	9	2027	12/26/23	
Roster size: 14 (11 players and 3 staff members)			** Denotes pla	** Denotes player is team captain, [W] Denotes waivered player			

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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