

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power KOP 17-Steel
Club East Coast Power Volleyball

Team Code G17ECPWR1KE
Division 17 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Kolesnik, Kimberly	10/23/85		01/05/24
Assistant Coach	Arnou, Alexander	08/10/99		01/05/24
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Libero	Renzi, Samantha	02/11/07	2025	12/26/23
3 Right	Cholden, Kelly	01/15/07	2025	01/04/24
5 Setter	Albrecht, Raven	06/05/07	2025	12/26/23
6 Setter	McGonigal, Caitlyn	05/05/07	2025	12/26/23
9 Left	Jovanovic , Jana	07/28/07	2025	12/26/23
10 Middle	Hoover, Delaney	07/25/07	2025	12/26/23
15 DS	Levan, Casey	08/09/10	2025	12/26/23
18 DS	Patel, Anya	04/18/07	2024	12/26/23
23 Left	Coulter, Lola	04/10/07	2025	12/26/23
24 Middle	Welsh, Caroline	09/25/06	2025	12/26/23
29 Left	Barnhart, Ava	11/20/06	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