

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power BERKS 14-Coastal
Club East Coast Power Volleyball

Team Code G14ECPWR5KE
Division 14 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Aron, Brett	12/26/63		12/26/23
Assistant Coach	Aron, Taylor	05/13/98		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 Libero	Vitales, Lauren	11/05/09	2028	12/26/23
9 Middle	Motz, Olivia	01/22/10	2028	12/26/23
10 Left	Coulter, Reese	05/10/10	2028	12/26/23
11 Left	Carraway , Isabella	08/12/10	2028	12/26/23
13 Setter	Cushman, McKinley	06/05/10	2028	12/26/23
14 Left	Levan, Brooke	06/21/10	2028	12/26/23
15 Left	Ringler, Sydney	08/17/09	2028	12/26/23
17 Left	Levan, Paige	06/21/10	2028	12/26/23
19 Left	Paye, Nevaeh	02/25/10	2028	12/26/23
28 Middle	Faller, Kayla	03/25/10	2028	12/26/23

Roster size: 13 (10 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