

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team	EC Power BUCKS 14-River	Team Code	G14ECPWR9KE
Club	East Coast Power Volleyball	Division	14 Club

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Schaefer, Morgan	07/02/03		12/26/23
Assistant Coach	Petersen, Grace	04/22/03		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3 Left	Martin, Kaylee	03/03/11	2029	12/26/23
7	Hodakowski, Jane	05/14/11	2029	12/26/23
9	Davis, Valeria	11/04/09	2028	12/26/23
10	Parente, Rylee	05/21/10	2028	12/26/23
11	Peters, Madelyn	03/23/11	2029	12/26/23
18	Moyer, Audrey	08/18/10	2029	12/26/23
19	McCloskey, Meghan	09/23/10	2029	12/26/23
21 Left	Philip, Gabriella	04/28/11	2029	12/26/23
23	Sell, Madyson	07/05/09	2027	12/26/23
25	Yoder, Jenna	05/11/11	2029	12/26/23
32	Cole, Ella	11/11/09	2028	12/26/23
99	Jones, Annalise	02/07/11	2029	12/26/23

Roster size: 15 (12 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