

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power DTOWN 15-Flash
Club East Coast Power Volleyball

Team Code G15ECPWR16KE
Division 15 Club

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Everett, Lexington	03/08/95		12/26/23
Assistant Coach	Stasen, Karen	03/01/69		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3 Libero	Hewitt, Juliet	04/01/09	2027	12/26/23
6 DS	Hungerford, Brynn	11/13/08	2027	12/26/23
9 Left	Pierce, Carlina	09/19/08	2027	12/26/23
10 DS	Wilmes, Evelyn	05/25/09	2027	12/26/23
12 Middle	Johnston, Daisy	08/12/08	2027	12/26/23
14 Left	Ryerson, Celia	10/08/09	2027	12/26/23
15 Left	Phipps, Olivia	09/29/09	2027	12/26/23
18 Left	Graham, Natalie	12/08/08	2027	12/26/23
26 Setter	Davis, Morgan	01/15/09	2027	12/26/23
28 Left	rohatgi, eera	09/30/08	2027	12/26/23
93 Setter	Kamensky, Rhianna	02/24/09	2027	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