

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power KOP 13-Sky
Club East Coast Power Volleyball

Team Code G13ECPWR1KE
Division 13 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Arnou, Katherine	03/29/70		12/26/23
Assistant Coach	Johnson, Marta	04/08/77		12/26/23
Assistant Coach	Heckler, Patricia	01/04/77		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 Right	Brock, Kinley	01/18/11	2029	12/26/23
3 Left	Liu, Anya	08/30/10	2028	12/26/23
4 Left	Acker, Julia	05/27/11	2029	12/26/23
8 Middle	Rhodes, Emma	03/15/11	2029	12/26/23
10 Left	Johnson, Izabella	11/13/10	2029	12/26/23
12 Left	Prince, Genevieve	01/30/11	2029	12/26/23
13 Left	Arruda, Laurel	01/07/11	2029	12/26/23
14 Left	Kerr, Payton	10/27/10	2028	12/26/23
15 Left	Pyszczymuka, Kailey	04/28/11	2029	12/26/23
16 Middle	Rokosky, Ava	12/16/10	2028	12/26/23
18 Left	Oyefara, Gabrielle	10/11/10	2025	12/26/23
19 Left	Tyson, Alexis	08/31/10	2029	12/26/23

Roster size: 16 (12 players and 4 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