

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power KOP 14-Wave
Club East Coast Power Volleyball

Team Code G14ECPWR2KE
Division 14 Premier

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Oakley, Haley	06/14/97		12/26/23
Assistant Coach	Martin, Logan	03/07/03		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Setter	Song, Ailve	04/20/10	2028	12/26/23
7 Left	McLean, Camryn	04/22/10	2028	12/26/23
9 Left	Yang, Sarah	06/04/10	2028	12/26/23
10 Left	grzymala, lily	04/12/10	2029	12/26/23
11 Middle	Gunn, Ryleigh	09/15/09	2027	12/26/23
13 Left	Okolo, Ava	02/16/10	2028	12/26/23
14 Setter	Drewes, Hailey	10/26/09	2028	12/26/23
16 Left	Grune, Regan	03/16/10	2028	12/26/23
22 Left	Bracali, Anna	07/22/10	2027	12/26/23
24 Left	Leftridge, Azariya	10/15/09	2028	12/26/23
25 Left	Mayes, Harper	09/25/09	2024	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