

# 2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

**Team** EC Power KOP 16-Liberty  
**Club** East Coast Power Volleyball

**Team Code** G16ECPWR2KE  
**Division** 16 Premier

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Dalton, Hannah	01/05/00		12/26/23
Assistant Coach	Matthews, Arthur	05/15/70		12/26/23
Assistant Coach	Gluch, Janel	07/31/92		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 DS	Storti, Giuliana	05/22/08	2026	12/26/23
2 Left	Storti, Marissa	12/21/07	2026	12/26/23
4 Left	Ramirez, Sara	05/09/08	2026	12/26/23
7 Left	Mangler, Maeve	03/07/08	2026	12/26/23
9 Setter	royds, katelyn	09/29/07	2026	12/26/23
16 Setter	McClain, Charlotte	04/14/08	2026	12/26/23
19 Left	Hendrick, Faith	10/19/07	2026	12/26/23
20 Left	Schmidt, Alia	07/16/07	2025	12/26/23
22 Libero	Zhang, Angelina	01/13/08	2026	12/26/23
27 Libero	Guan, Marisa	03/21/08	2026	12/26/23
37 Middle	Scherzer, Madeleine	10/01/07	2026	12/26/23

Roster size: 15 (11 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