

# 2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

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

**Team Code** G16ECPWR1KE  
**Division** 16 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Feltz, Evan Joseph	08/02/96		12/26/23
Assistant Coach	Arnow, Alexander	08/10/99		12/26/23
Assistant Coach	Custer, Gina	03/10/00		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3 Left	Hill, Regan	09/21/07	2026	12/26/23
4 DS	Bricker, Alanna	11/21/07	2025	12/26/23
7 Left	Van Deusen, Stalena	04/25/08	2026	12/26/23
8 Left	Carickhoff, Eleanor	07/28/08	2026	12/26/23
9 Setter	Van Deusen, Holland	04/25/08	2026	12/26/23
10 Setter	Groff, Peyton	06/13/08	2026	12/26/23
18 DS	Esslinger, Chloe	02/14/08	2026	12/26/23
21 Left	MacMillan, Abigail	09/21/07	2026	12/26/23
28 Middle	Weeber, Lucy	08/13/07	2026	12/26/23
30 Left	McKenna, Colbie	07/14/08	2026	12/26/23
33 Middle	Bush, Madeleine	12/31/07	2026	12/26/23
42 Middle	Busch, Norah	06/07/08	2026	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