

# 2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

**Team** EC Power KOP 18-Diamond  
**Club** East Coast Power Volleyball

**Team Code** G18ECPWR2KE  
**Division** 18 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Syracuse, Randy	08/02/58		12/28/23
Assistant Coach	Odorisio, Carlye	04/28/98		12/26/23
Assistant Coach	Heins, Edwin	03/16/71		12/28/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 Left	Acevedo , Yalerie	01/02/06	2024	12/26/23
3 Setter	Ferello, Erin	02/23/06	2024	12/26/23
4 Left	Ginther, Kayla	04/29/06	2024	12/26/23
7 Left	Heins, Sofia	06/07/06	2025	12/26/23
9 DS	Dogan, Zeynep	03/01/06	2024	12/27/23
10 Libero	Della Franzia, Alexandra	04/17/06	2024	12/26/23
14 Middle	Hornickle, Lillianna	09/23/05	2024	12/26/23
16 Setter	Hu, Rachel	07/31/06	2024	12/26/23
18 Right	Dysart, Ainsley	12/09/05	2024	12/26/23
24 Libero	Uejima, Zita	01/19/06	2024	01/02/24
28 Middle	Jefferys, Jillian	11/01/05	2024	01/04/24
37 Middle	Hornung, Keira	08/01/06	2024	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