

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power KOP 18-Royal
Club East Coast Power Volleyball

Team Code G18ECPWR1KE
Division 18 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Mahan, Joe	12/03/71		12/26/23
Assistant Coach	Painter, Mary Kate	02/25/99		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Right	Brenner, Ava	03/14/06	2024	12/26/23
2 DS	whitwell, Alana	11/02/05	2024	12/26/23
5 Left	Keckler, Olivia	12/20/05	2024	12/26/23
10 Left	Mork, Alexa	10/19/05	2024	12/26/23
11 DS	Painter, Eily	03/31/06	2024	12/26/23
19 Left	Nelson, Jane	07/19/05	2024	12/26/23
21 Middle	Mishinkash, Molly	04/12/06	2024	12/26/23
22 Middle	Bender, Breelyn	04/04/06	2024	12/26/23
24 Setter	Campbell, Carly	12/13/05	2024	01/02/24
52 Libero	Oister, Merideth	11/22/06	2024	12/26/23

Roster size: 13 (10 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