

# 2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

**Team** EC Power LV 14-Iceberg  
**Club** East Coast Power Volleyball

**Team Code** G14ECPWR11KE  
**Division** 14 Premier

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Garnhart, Kennedy	01/19/00		12/26/23
Assistant Coach	Shoemaker, Mitchell	07/19/00		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 DS	Lehmann, Allie	08/11/10	2028	12/26/23
6 Left	Wildasin, Rees	05/06/10	2028	12/26/23
7 Setter	Quirk, Mia	12/11/09	2028	12/26/23
9 Setter	Steckel, Jenna	10/04/09	2028	12/26/23
12 Left	Linko, Alison	11/03/09	2028	12/26/23
13 Middle	Stefurak, Elizabeth	11/06/10	2028	12/26/23
14 Setter	Zellner, Ava	05/20/10	2028	12/26/23
21 Left	Mikhailik, Katherine	01/21/10	2028	12/26/23
28 Middle	Coppedge, Laila	02/19/10	2028	12/26/23
88 Left	Bartlett, Lydia	12/12/09	2028	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