

# 2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

**Team** EC Power LV 15-Mystic  
**Club** East Coast Power Volleyball

**Team Code** G15ECPWR11KE  
**Division** 15 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Womack, Taylor	08/19/99		12/26/23
Assistant Coach	Womack, Holly	11/01/75		12/26/23
Assistant Coach	Davis, Sky	04/11/70		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3 Setter	Schilling, Riley	02/08/09	2027	12/26/23
7 Middle	Norvick, Emma	03/28/09	2027	12/26/23
8 Left	McCoy, Amelia	07/30/09	2027	12/26/23
11 Left	Jones, Sarah	05/05/09	2027	12/26/23
13 Left	James, LaSereon	12/04/08	2027	12/26/23
14 Middle	Powell, Sira	12/26/08	2026	12/26/23
15 Setter	Rizzuto, Alexis	05/05/09	2027	12/26/23
16 Middle	Luckenbach, Claire	10/25/08	2027	12/26/23
18 Left	Marques, Eliana	05/03/09	2027	12/26/23
21 DS	Tyrell, Cameron	06/06/09	2027	12/26/23
31 Setter	Hoppes, Ashley	03/12/09	2027	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