

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power LV 16-Carolina
Club East Coast Power Volleyball

Team Code G16ECPWR11KE
Division 16 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Conway, Kristen	11/11/83		01/04/24
Assistant Coach	Sherwin, Valerie	01/21/66		01/04/24
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
7 Left	Stanten, Mia	05/25/08	2026	12/26/23
8 Middle	Landis, Riley	10/11/07	2025	12/26/23
11 Middle	Bedics, Sophia	02/11/08	2026	12/26/23
14 Setter	Yost, Megan	03/25/08	2027	12/26/23
15 Setter	Stankewicz, Abby	05/08/09	2027	12/26/23
19 Left	Bell, Jocelyn	12/19/08	2026	12/26/23
20 Left	Pristas, Natalie	11/08/07	2026	12/26/23
21 Left	Hinds, Maleya	11/08/07	2026	12/26/23
22 Setter	Ruggiero, Piper	06/22/09	2026	12/26/23
26 Middle	Beamer, Lauren	11/03/07	2026	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