

# 2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

**Team** EC Power LV 16-Colonial  
**Club** East Coast Power Volleyball

**Team Code** G16ECPWR13KE  
**Division** 16 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Farole, Caterina	08/16/02		12/26/23
Assistant Coach	Slater, Robert	04/16/53		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 DS	Madeira, Sophia	12/10/07	2026	12/26/23
6 Left	Wieber, Ashley	06/17/08	2026	12/26/23
7 Left	Everhart, Leah	04/04/08	2026	12/26/23
9 Middle	Borelli, Antonella	10/16/08	2027	12/26/23
10 Left	Riley, Kaylee	02/10/08	2026	12/26/23
13 Setter	Duch, Katelyn	10/13/07	2026	12/26/23
14 Left	Boyer, Leah	12/23/07	2026	12/26/23
17 Left	Beacher, Liliana	05/17/08	2025	12/26/23
18 Left	Ruhl, Theresa	04/05/08	2026	12/26/23
21 DS	Giordano, Molly	05/22/08	2026	12/26/23
23 Left	Prugar, Breanna	03/16/08	2026	12/27/23
24 DS	Siemon, Molly	04/08/08	2026	12/26/23

Roster size: 15 (12 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