

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power LV 17-Titanium
Club East Coast Power Volleyball

Team Code G17ECPWR11KE
Division 17 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Guman, Lori	11/17/73		12/26/23
Assistant Coach	McVicker, Robert	04/15/94		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Left	Springs, Emerson	09/05/07	2025	12/26/23
5 Setter	Furey, Sarah	11/20/06	2025	12/26/23
11 Middle	Sabol, Malena	03/14/07	2025	12/26/23
12 Left	Wanko, Hailey	10/23/07	2025	12/26/23
13 Left	Corrigan, Bailey	03/07/07	2025	12/26/23
19 Left	Quinn, Annelise	09/02/06	2025	12/26/23
21 Libero	Guman, Landry	10/08/07	2026	12/26/23
22 Middle	Burda, Katarzyna	02/04/08	2026	12/26/23
37 Left	Hoyer, Alexis	07/08/06	2025	12/26/23
68 Setter	Wolf, Milly	11/18/06	2025	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