

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power BUCKS 13-Eclipse
Club East Coast Power Volleyball

Team Code G13ECPWR8KE
Division 13 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Hill, Kyle	03/16/83		12/26/23
Assistant Coach	Rabe, Julia	06/21/02		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1	O'Brien, Alexys	10/19/10	2029	12/26/23
3	Hornby , Avery	08/29/10	2028	12/26/23
4	Chung, Eunice	11/24/10	2029	12/26/23
7	Emmerich, Kayla	07/28/10	2029	12/26/23
9	Liu, Sophia	09/22/10	2028	12/26/23
10	Horcher, Addyson	12/28/10	2029	12/26/23
14	Brexler, Charley	03/14/11	2029	12/26/23
16	Hill, Emma	09/11/10	2029	12/26/23
22 Left	Pettigrew, Taliya	10/22/10	2028	12/26/23
25	Reinhart, Keileigh	06/23/11	2029	12/26/23
28	Lillo, Lucianna	12/04/10	2029	12/26/23
44	Austin , Claire	09/09/10	2029	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