

# 2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

**Team** EC Power BUCKS 17-Silver  
**Club** East Coast Power Volleyball

**Team Code** G17ECPWR8KE  
**Division** 17 Open

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Pringle, Daniel	01/29/72		12/26/23
Assistant Coach	Krick, Allison	04/14/91		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 DS	Siuta, Paige	05/22/07	2025	12/26/23
3 Left	Robillard, Payton	10/24/06	2025	12/26/23
4 Libero	Viehweger, Emma	10/23/06	2025	12/26/23
8 Left	Marcus, Lyvia	02/02/07	2025	12/26/23
9 DS	Stensrud, Marin	08/03/06	2025	12/26/23
10 Middle	joyce, Shea	10/11/06	2025	12/26/23
11 Left	Zagnojny, Madison	11/07/06	2025	12/26/23
12 Middle	Conklin, Emma	02/06/07	2025	12/26/23
16 Setter	Pringle, Aubrey	10/06/06	2025	12/26/23
18 Left	Clair, Gabrielle	12/03/07	2026	12/26/23
19 Middle	Fitzsimmons, Sabrina	06/19/07	2026	12/26/23
22 Left	Hinkson, Melissa	10/17/06	2025	12/26/23
24 Left	Bowersock, Madelyn	05/24/07	2025	12/26/23

Roster size: 16 (13 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