

2024 MLK Kickoff Challenge

1/13/2024 - 1/15/2024

Team EC Power KOP 15-Cool
Club East Coast Power Volleyball

Team Code G15ECPWR3KE
Division 15 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Cotes-Rivera, Melanie	06/27/01		12/26/23
Assistant Coach	Suarez , Andres	11/10/03		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
2 Left	Wright, Callie	11/06/08	2027	12/26/23
7 Left	Jaffe, Piper	04/01/09	2027	01/05/24
9 Setter	Dorn, Audrey	06/23/09	2026	12/26/23
11 Middle	Turner, Karley	08/07/08	2027	12/26/23
12 DS	Reis , Clara	09/11/09	2027	12/26/23
13 Setter	Glass, Ella	07/01/09	2027	12/26/23
19 Left	Rothberg, Stevie	01/15/09	2027	01/05/24
20 Left	Focht, Giselle	05/20/09	2027	12/26/23
21 DS	DiCrecchio, Sophia	06/27/09	2027	12/26/23
22 Left	Havey, Caroline	06/22/09	2027	12/26/23
91 Setter	McHugh, Kiera	07/23/09	2027	12/26/23

Roster size: 14 (11 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