

2024 Irish Rumble

3/9/2024 - 3/10/2024

Team EC Power BERKS 13-Cosmic
Club East Coast Power Volleyball

Team Code G13ECPWR5KE
Division 13 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Palm, Jeremy	11/30/79		12/26/23
Assistant Coach	Etim , Rachel	11/11/03		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3	Shober, Isabella	07/03/12	2030	12/26/23
4	Denardo, Layla	09/04/10	2029	12/26/23
7 Left	Ivancevic, Adriana	03/15/11	2029	12/26/23
8	Hirschtritt, Paige	05/28/11	2029	12/26/23
12 Left	Petrunak, Charlotte	01/27/11	2029	12/26/23
15	Lundquest, Drew	10/19/10	2029	12/26/23
16 Setter	Palm, Kinsey	01/16/11	2029	12/26/23
21	Le, Cara	01/03/11	2029	12/26/23
22	Albu, Aubrey	02/22/11	2030	12/26/23
28 Left	Miller, Stella	10/23/10	2029	12/26/23
52 Left	Seidel, Hannah	02/26/11	2029	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