

2024 Irish Rumble

3/9/2024 - 3/10/2024

Team	EC Power BUCKS 18-Velvet	Team Code	G18ECPWR8KE
Club	East Coast Power Volleyball	Division	18 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Woodring, Frank	12/12/67		12/26/23
Assistant Coach	Woodring, Sara	08/31/93		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
4 Left	McMeartry, Kaitlyn	03/20/06	2024	12/27/23
11 Setter	Johnson, Hayley	10/27/05	2024	12/26/23
13 Libero	Woodring, Amber	05/20/06	2024	12/26/23
15 DS	Favretto, Sophia	05/05/07	2025	12/26/23
18 Left	Meglio, Maggie	02/07/06	2024	01/06/24
25 Left	Thornton, Emma	07/31/06	2024	12/26/23
35 Setter	Kremser, Elisa	12/06/06	2025	12/26/23
88 Setter	Miller, Madalyn	10/04/05	2024	12/26/23
99 Libero	Dougherty, Katelyn	11/08/05	2024	12/26/23

Roster size: 12 (9 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