

2024 Irish Rumble

3/9/2024 - 3/10/2024

Team	EC Power DTOWN 13-Moon	Team Code	G13ECPWR16KE
Club	East Coast Power Volleyball	Division	13 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Flanagan, Heather	09/05/89		12/26/23
Assistant Coach	LaCesa, Brooke	03/03/00		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
3	Lanchoney, Catherine	07/01/10	2028	12/26/23
4	Heake, Emma	01/20/11	2029	12/26/23
5 Middle	Barch, Alyssa	05/20/11	2029	12/26/23
8 Setter	Bailey, Haidyn	02/09/11	2029	01/06/24
9	Biddle , Bella	02/18/11	2029	12/26/23
11	Clark , Emma	09/24/10	2028	12/26/23
13 Left	Lied , Riley	11/22/10	2028	12/26/23
15	Bonner, Peyton	04/15/11	2029	12/26/23
18 DS	Ford, Emily	01/04/11	2029	12/26/23
21	Hoffman , Julia	08/18/11	2029	12/26/23
25	Resenhoeft, Eloise	01/04/11	2025	12/26/23
45	Brubach, Jessica	11/01/10	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