

# 2024 Irish Rumble

3/9/2024 - 3/10/2024

**Team** ECPower DTOWN 13-Twilight  
**Club** East Coast Power Volleyball

**Team Code** G13ECPWR15KE  
**Division** 13 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Stasen, Karen	03/01/69		12/26/23
Assistant Coach	Stasen, Ava	04/07/00		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1	Shah, Hridya	09/05/10	2029	12/26/23
2 Setter	Christ, Catherine	07/02/11	2029	12/26/23
3 Left	Otieno, Michaela	03/14/11	2028	12/26/23
7	Parsons, Maren	03/22/11	2029	12/26/23
9 Left	Kupiec, Kate	04/08/11	2029	12/26/23
11 Middle	Lazar, Eva	03/22/11	2029	12/26/23
14	Fischer, Adeline	08/19/10	2028	12/26/23
16	Kephart, Ella	01/19/11	2029	12/26/23
20	DeFazio, Carolina	01/20/11	2029	12/26/23
22	piotrowski, annalia	01/10/11	2029	12/26/23
23	Rodia , Alyssa	03/10/11	2028	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