

2024 Irish Rumble

3/9/2024 - 3/10/2024

Team EC Power KOP 14-Surf
Club East Coast Power Volleyball

Team Code G14ECPWR4KE
Division 14 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Kirchner, Veronica	05/31/98		12/26/23
Assistant Coach	Henderson, Grayce	05/15/01		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
4	O'Connor , Riley	01/17/10	2027	12/27/23
7	McComb, Riley	11/02/09	2028	12/26/23
9	Senthil, Nikhita	08/27/09	2027	12/26/23
10 Left	Capone , Sofia	02/10/10	2028	12/26/23
11	Luedtke, Mira	07/28/09	2028	12/26/23
13	Vessal, Mikhyela	02/06/10	2028	12/26/23
14	Vieira, Kylie	07/20/10	2028	12/26/23
15	Klein, Gloria	01/15/10	2028	12/26/23
17	Odiorne, Whitney	04/01/10	2028	12/26/23
18	ESPOSITO, Bianca	12/18/09	2028	12/26/23
28	Walter, Adelaide	09/28/09	2028	12/26/23
38	Boyd, Chloe	01/31/10	2028	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