## 2024 Irish Rumble

3/9/2024 - 3/10/2024

Team Club	EC Power LV 14-Glacier East Coast Power Volleyball		Team C Divisior		G14ECP 14 Amer		
Jers. # / Pos.		Name		Birthdate		Grad Year	Added
Head Coach		Schad, Kali		08/16/05			12/26/23
Assistant Coach		Slater, Robert		04/16/53			12/26/23
Team Representative		McGuiney, Roberta		10/20/87			12/26/23
1		Flannery, Emerson		05/25/10		2028	12/26/23
6 Left		Kazmierczak, Aubrey		07/23/10		2028	12/26/23
9		Gangi, Sophia		08/27/10		2028	12/26/23
13 Left		Payne, Olivia		08/14/10		2028	12/26/23
15		Langmayer, Amelia		03/15/10		2028	12/26/23
17		Hlinka, Brianna		10/06/09		2028	12/26/23
24		Herter, Grace		04/15/10		2027	12/26/23
25		Lynch, Natalie		06/17/10		2028	12/26/23
31 Setter		Samsel, Chloe	09/14/09			2028	12/26/23
Roster size: 12 (9 players and 3 staff members)				** Denotes player is team captain, [W] Denotes waivered 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