2024 Irish Rumble

3/9/2024 - 3/10/2024

Team EC Power LV 15-Rhapsody
Club East Coast Power Volleyball

Team Code G15ECPWR12KE
Division 15 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Grapsy, Ava	05/05/02		12/26/23
Assistant Coach	Hoppes, Tiffany	11/30/98		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Setter	Al-Alim, Sama	06/11/09	2027	12/26/23
3 Left	Anderson, Graceanna	05/04/09	2027	12/26/23
5 Setter	Brader, Gabriella	05/01/09	2027	12/26/23
7 Left	Racolta, Nicole	01/21/09	2027	12/26/23
10 DS	George, Alexa	07/10/09	2027	12/26/23
19 Left	Boyle, Jessalynn	10/19/08	2027	12/26/23
21 Setter	DeLuna, Emmerson	09/23/08	2027	12/26/23
27 Left	Grochowski, Kali	07/29/08	2027	12/26/23
99 DS	McAdams, Kiley	02/25/09	2027	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

Phone Number

Signature

Date