

2023 Irish Rumble

3/11/2023 - 3/12/2023

Team EC Power BERKS 16-Soldier
Club East Coast Power Volleyball

Team Code G16ECPWR6KE
Division 16 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Ruley-Yates, Enjoli	02/23/80		01/08/23
Assistant Coach	Mejias, Paola	05/27/03		01/08/23
Team Representative	McGuiney, Roberta	10/20/87		01/08/23
6 Middle	Evans, Celia	08/30/10	2025	01/08/23
9 Right	Ely, Isabella	09/05/07	2025	01/08/23
10 Libero	Elk , Sarah	06/10/07	2025	01/08/23
13 Middle	Antolini, Antonia	12/13/06	2025	01/08/23
14 Left	Rivera, Sofia	05/19/07	2025	01/08/23
17 Left	Link, Paige	09/17/07	2026	01/08/23
19 Left	Koch, Kaitlyn	09/05/06	2025	01/08/23
31 Left	Clyde, Clareese	11/28/06	2025	01/08/23
53 Left	Lawlor, Sadie	10/03/07	2026	01/08/23
72 Middle	Bennethum, Brynn	01/07/07	2025	01/08/23

Roster size: 13 (10 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