

2023 Irish Rumble

3/11/2023 - 3/12/2023

Team EC Power CH 15-Stealth DC
Club East Coast Power Chesapeake

Team Code G15ECPCH4CH
Division 15 National

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Smith, Nacola	01/31/75		01/04/23
Assistant Coach	Bayer, Ingrid	03/28/00		01/30/23
Team Representative	Smith, Christopher	07/02/91		01/04/23
2 Libero	Jenkins, Renee	11/14/07	2026	01/04/23
3 DS	Coleman , Zahara	04/10/08	2026	01/04/23
4 Middle	Bryan, Dylan	03/04/08	2026	01/04/23
6 Left	Shakeshaft, Julia	04/21/08	2026	01/04/23
11 Left	kim, Yaein	12/13/07	2025	01/04/23
12 Middle	Li, Kimberley	09/07/07	2026	01/04/23
15 Left	Agosto, Cire	08/04/07	2025	01/04/23
17 Left	Okorie, Autumn	07/31/08	2026	01/04/23
22 Left	Ibe, Kenya	03/05/08	2026	01/04/23
25 Setter	Velikonja, Heidi	12/04/07	2026	01/04/23

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