

# 2024 Irish Rumble

3/9/2024 - 3/10/2024

**Team** EC Power BERKS 12-Violet  
**Club** East Coast Power Volleyball

**Team Code** G12ECPWR5KE  
**Division** 12 American

Jers. # / Pos.	Name	Birthdate	Grad Year	Added
Head Coach	Hart, Kathleen	10/13/83		12/26/23
Assistant Coach	Hart, Jason	09/08/82		12/26/23
Team Representative	McGuiney, Roberta	10/20/87		12/26/23
1 Left	Hart, Caroline	08/06/11	2032	12/26/23
2	Real, Alyssa	09/13/12	2030	12/26/23
4	Lawry, Katelyn	03/13/12	2030	12/26/23
7	Rogers, Teagan	07/28/11	2030	12/26/23
8	Taylor, Emma	05/29/12	2030	12/26/23
11	Guzman, Jaeleen	08/12/12	2030	12/26/23
12 Left	Hart, Elaina	08/06/11	2032	12/26/23
16	Debiec, Maeve	10/16/12	2031	12/26/23
18	Kutzer, Zoey	01/28/12	2030	12/26/23
22 Left	Burns, Addison	02/29/12	2030	12/26/23
24	Cucciuffo, Bella	02/10/12	2030	12/26/23

Roster size: 14 (11 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