



INTERNATIONAL SOFTBALL CONGRESS

WORLD TOURNAMENT ROSTER



Team Name: City of Operation: State/Province: Zip/Postal:
 Manager Name: Street/City: State/Province: Zip/Postal:
 Cell Phone: 24 Hour Availability: Email: DATE:
 Out of Region Exception: Jersey Colors:

Participants engaging in softball and activities incidental to softball do so with knowledge of the danger involved and agree to accept any and all inherent risks of property damage, personal injury, or death. Participants and spectators assume all risk and danger of personal injury, losses, damages to person or property and all hazards arising from, incidental to or related in any way to the game of softball. In addition to giving full consent for my participation, I do hereby waive, release and hold harmless the International Softball Congress, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by me in the normal course of participation in the designated sport and activities incidental thereto, whether the result of negligence or any other cause.

List those personnel directly affiliated with your team to whom passes should be issued. NOT to include fans, realitive (unless specifically fulfilling a team function), news media, etc.

| | Player Names | | Uniform # | Position | Out of Region | PRAWN | Newcomer to ISC | City / State / Province | - PLAYERS SIGNATURE - REQUIRED FOR PARTICIPATION |
|----|--------------|------------|-----------|----------|---------------|-------|-----------------|-------------------------|---|
| | Last Name | First Name | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |

| | Last Name | First Name | Uniform | City, State/Province | SIGNATURE REQUIRED |
|----------------|-----------|------------|---------|----------------------|--------------------|
| Field manager: | | | | | |
| Coach: | | | | | |
| Coach: | | | | | |
| Coach: | | | | | |
| Sponsor: | | | | | |
| Trainer: | | | | | |

▶ DATE REQUIRED TO COMPLETE FORM

SAVE FORM TO YOUR COMPUTER AND SEND AS ATTACHEMENT TO:

CLICK HERE

➔ <mailto:iscfastpitch@gmail.com>, cdonalds5@shaw.ca, blairjs@gmail.com, kididlehoffer@hotmail.com, kdh-smom@hotmail.com