International Softball Congress

Official ISC Legends Roster Form

Team Name:	Bear Creek Storm	**City of Operation:**	St Thomas	**State/Province**	ON	**TEAM #**	
Manager Name:	Kelly-Jo Murphy	**Address Street/City:**	9 Dieppe Dr St Thomas	**State/Province**	ON	**Zip/Postal:**	N5R 4G4
Cell Phone: Available 24/7	519 504-1921	**Email:**	murphykellyjo@hotmail.com	**Date:**	*July 15, 2026*	**Jersey colors:**	Black/White/ Maroon

Please certify you have visited the CDC website and reviewed the concussion protocol information: *Yes*

Name of person with concussion training: Kelly-Jo Murphy

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 for whom passes should be issued. These should not include fans, relatives (unless specifically fulfilling a team function) or other non-team members.

	Player Names: Last Name	First Name	Uniform #	Position	Date of Birth:	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
1	Beecroft	Dan	6	P	3/9/1972	N	St Thomas/ Ontario	
2	Dawdy	Jason	1	P	7/14/1974	N	Middlemarch, Ontario	
3	Crocker	Brent	18	P/IF	5/7/1974	N	St Thomas/ Ontario	
4	Wismer	Chris	77	OF	10/1/1972	N	Port Stanley/ Ontario	
5	Kelly	Rob	31	C	1972/12/23	N	New Hamburg/ Ontario	
6	Winkworth	Todd	15	P	12/3/1974	N	St Thomas/ Ontario	
7	Mcpherson	Jeff	2	C	5/13/1973	N	Shedden/ Ontario	
8	Taylor	Mike	19	OF	5/24/1975	N	Owen Sound/ Ontario	
9	Hallyburton	Jason	7	OF	6/1/1972	N	St Thomas/ Ontario	
10	Rick	Troy	12	UTIL	12/9/1967	N	Port Stanley/ Ontario	
11	Pearce	Shawn	50	IF	9/22/1970	N	Woodstock/Ontario	
12	Unwin	Mike	33	IF	7/2/1975	N	Fingal/ Ontario	
13	Medhurst	Andrew	28	OF	5/28/1976	N	Mitchell/ Ontario	
14	Schwyer- Scott	Rob	34	P	6/26/1975	N	Los Angeles/ California	
15	Burns	Rob	27	IF	1/30/1970	N	St. Thomas/ Ontario	
16	Smith	Jason	11	UTIL	12/15/1971	N	Deleware/ Ontario	
17	Gould	Aaron	69	IF	12/6/1976	N	St Thomas/ Ontario	
18	Wilcox	Jeff	25	OF	7/6/1973	N	Fingal/ Ontario	
19	Coleman	Mark	24	UTIL	7/12/1976	N	St Thomas/ Ontario	
20	O'Brien	Rob	44	P	6/6/1974	N	Elora/ Ontario	

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
General Manager:	Murphy	*Kelly-Jo*		St Thomas/ Ontario	
Coach:	Edie	*Tom*	29	St Thomas/ Ontario	
Coach:	Cambell	*Scott*	23	Glencoe/ Ontario	
Assistant Trainer:					
Massage Therapist					
Trainer:					

All teams should attach their completed roster form to an email and send to the below email addresses.

E-mail to: blairjs@gmail.com, richhaldane@gmail.com, keithe39@centurylink.net