



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:	May 1, 2026	Jersey colors:	Black/ Grey

Please certify you have visited the CDC website and reviewed the concussion protocol information: Yes No 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.

	Last Name	Player Names 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	Mcperson	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	44	IF	7/2/1975	N	Fingal/ Ontario	
13	Eddie	Tom	29	UTIL	9/11/1966	N	St Thomas/ Ontario	
14	Campbell	Scott	23	UTIL	6/29/1960	N	Glencoe/ Ontario	
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:	Eddie	Tom	29	St Thomas/ Ontario	
Coach:	Cambell	Scott	23	Glencoe/ Ontario	
Assistant Trainer:	Willcox	Mel		London/ Ontario	
Massage Therapist	Crocker	Hillary		Baden/ Ontario	
Trainer:	Ruddock	Megan		Port Stanley/ Ontario	

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

E-mail to: iscfastpitch@gmail.com, blairjs@gmail.com, sb.woody.coach72@att.net, ck.woodruff@att.net