



International Softball Congress



Official World Tournament Roster Form

Team Name:	Walton Brewers	City of Operation:	Walton	State/Province:	on	TEAM #	
Manager Name:	Scott McDonald	Address Street/City:		State/Province:		Zip/Postal:	
Cell Phone:	519-955-1215	Email:	smcdonald0@outlook.com	Jersey colors:	blue/yellow		

Out of Region Exception:

Date: July 9/2026

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

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Name of person with concussion training:

Scott McDonald, Adam Verkley

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		Uniform #	Position	Out of Region	PRAWN	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
Last Name	First Name							
Shortreed	Matt	7	Util	no	no	no	Walton, On	
Follings	Fred	4	P	no	no	no	Shakespeare, On	
Fry	Kyle	5	P	no	no	no	Hanover, On	
Quipp	Colton	8	IF	no	no	no	Seaforth, On	
Wicke	Jamie	10	IF	no	no	no	Rostock, On	
McDonald	Scott	1	C	no	no	no	Walton, On	
Diamond	Sam	17	IF	no	no	no	Plattsville, On	
Vosper	Jarred	11	Util	no	no	no	Mitchell, On	
Bromely	Shawn	15	C	no	no	no	Blyth, On	
Marks	Ryan	16	IF	no	no	no	Seaforth, On	
Verkley	Adam	21	IF	no	no	no	Atwood, On	
Christner	Cohen	24	P	no	no	no	New Hamburg, On	
Driscoll	Connor	14	OF	no	no	no	Seaforth, On	
Cronin	Adam	13	OF	no	no	no	Lucknow, On	
Lammerant	Wade	27	OF	no	no	no	Seaforth, On	
Lewczynski	Adam	18	Util	no	no	no	Niagara Falls, On	

		Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Last Name	First Name			
Field manager:	Stackhouse	Cory	2 Seaforth, On	
Coach:	Stackhouse	Brett	22 Seaforth, On	
Coach:	McDonald	Rick	77 Walton, On	
Coach:	Marks	Blaine	69 Seaforth, On	
Sponsor:	RTM North			
Trainer:	Mactavish	Calla		

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

Email to: blairjs@gmail.com, richhaldane@gmail.com, gnydick@gmail.com