



# International Softball Congress



## Official World Tournament Roster Form

Team Name:  City of Operation:  State/Province:  TEAM #

Manager Name:  Address Street/City:  State/Province:  Zip/Postal:

Cell Phone:  Email:  Jersey colors:

Out of Region Exception:

Date:

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

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Name of person with concussion training:

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 SIGNATURE REQUIRED FOR PARTICIPATION
	Last Name	Player Names First Name	Uniform #	Position	Out of Region	PRAWN	Newcomer to ISC	City / State / Province	
1	Stackhouse	Cory	2	IF	no	no	no	Seaforth, On	
2	Follings	Fred	4	P	no	no	no	Shakespeare, On	
3	Fry	Kyle	5	P	no	no	no	Hanover, On	
4	Quipp	Colton	8	IF	no	no	no	Seaforth, On	
5	Wicke	Jamie	10	IF	no	no	no	Rostock, On	
6	McDonald	Scott	1	Util	no	no	no	Walton, On	
7	Lealess	Scott	17	IF	no	no	no	Stratford, On	
8	Driscoll	Connor	14	OF	no	no	no	Seaforth, On	
9	Bromely	Shawn	15	C	no	no	no	Blyth, On	
10	Marks	Ryan	16	IF	no	no	no	Seaforth, On	
11	Verkley	Adam	21	IF	no	no	no	Atwood, On	
12	McCutheon	Brett	19	P	no	no	no	Brussels, On	
13	Stackhouse	Brett	22	OF	no	no	no	Seaforth, On	
14	Keller	Tim	11	P	no	no	no	Demorestville, On	
15	Lammerant	Wade	27	OF	no	no	no	Seaforth, On	
16	Lewczynski	Adam	24	IF	no	no	no	Niagara Falls, On	

				SIGNATURE REQUIRED FOR PARTICIPATION	
	Last Name	First Name	Uniform #	City / State / Province	
Field manager:	Shortreed	Matt	7	Walton, On	
Coach:	Cronin	Adam	13	Lucknow, ON	
Coach:					
Coach:					
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