



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:

Date:

Out of Region Exception:

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 Names		Out of Region	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION		
Last Name	First Name	PRAWN					
1	NEVIN	TRAVIS	4	IF / P	N	SHUBENACADIE / NS	
2	FRASER	BRODY	7	IF / P	N	NINE MILE RIVER / NS	
3	WILLIAMS	TYLER	9	C / OF	Y	SHUBENACADIE / NS	
4	SEARS	ROWAN	11	SS	N	TRURO / NS	
5	DENNY	LEVI	21	2B	Y	ESKASONI / NS	
6	WATSON	DAVID	22	P	N	MILFORD / NS	
7	PATTON	CAMERON	27	C	N	TRURO / NS	
8	SINGER	WILLIAM	47	OF / P	Y	SHORTTS LAKE / NS	
9	HOPEWELL	JACOB	55	3B	Y	LANTZ / NS	
10	PETERS	NATHAN	57	IF	Y	LANTZ / NS	
11	CAMPBELL	TY	62	IF / OF	Y	ENFIELD / NS	
12	CROWELL	COBY	81	OF	N	BROOKFIELD / NS	
13	BOUMA	CALLUM	92	IF / OF	Y	TRURO / NS	
14	WOODWORTH	BRAYDEN	94	OF	Y	MILFORD / NS	
15							
16							

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	HOPEWELL	CHRIS	18	LANTZ / NS	
Coach:	JEFFERY	FRASER	0	NINE MILE RIVER . NS	
Coach:	WOOD	MICHAEL	6	BROOKFIELD / NS	
Coach:	CAMPBELL	DARCY	88	ENFIELD / NS	
Sponsor:					
Trainer:					

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