



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:

Name of person with concussion training:

Participants engaging in softball and activities incidental to softball do so with knowledge of the danger involved and 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		Uniform #	Position	Out of Region	PRAWN	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
	First Name								
1	Hodgins	Ben	37	Pitcher				Lucan, ON	
2	Degraw	Taylor	33	Pitcher				London, ON	
3	Baillargeon	Alex	18	Pitcher			YES	Saint-Raphael, QC	
4	Stafford	Brady	22	Catcher				St. Thomas, ON	
5	Cook	Troy	19	Utility			YES	Dutton, ON	
6	Gray	Randy	55	INF				St. Thomas, ON	
7	Annett	Tyler	27	INF				Port Stanley, ON	
8	Lyons	Steve	44	INF				Komoka, ON	
9	Black	Robbie	17	INF				Guelph, ON	
10	Grasby	Paul	10	Utility			YES	London, ON	
11	Johnson	Bryan	11	OF				Melbourne, ON	
12	Roy	Mitch	16	OF			YES	St. Thomas, ON	
13	McCallum	Matt	14	OF			YES	Iona Station, ON	
14	Stocking	Aaron	20	Utility				Glencoe, ON	
15									
16									

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Edie	Tom	29	St. Thomas, ON	
Coach:	Scott	Campbell	23	Glencoe, ON	
Coach:					
Coach:					
Sponsor:					
Trainer:	Mike	Brooks		Strathroy	

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