



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:

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		Uniform #	Position	Out of Region	PRAWN	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
Last Name	First Name							
1	Alvara	Robert	55	P	NO	NO	Grass Valley, CA	
2	Thompson	Toby	0	C	NO	NO	Oroville, CA	
3	Cross	Wes	44	C	NO	NO	Grass Valley, CA	
4	Ramirez	Mike	16	3B	NO	NO	Galt, CA	
5	Thompson	Dustin	25	SS	NO	NO	Reno, NV	
6	Jiannino	Jordan	35	1B	NO	NO	Grass Valley, CA	
7	Smeltzley	Darrell	2	OF	NO	NO	Grass Valley, CA	
8	Ehrlich	Zach	22	OF	NO	NO	Grass Valley, CA	
9	Grininger	Brock	69	OF	NO	NO	Grass Valley, CA	
10	Deme	Justin	24	DH	NO	NO	Grass Valley, CA	
11	Juan	Bambozzi	77	INF	NO	NO	ARG	
12	Leo	Bress	36	P	NO	NO	ARG	
13								
14								
15								
16								

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Alvara	Bobby	55	Grass Valley	
Coach:	Birdsong	Ashley	9	Galt, CA	
Coach:					
Coach:					
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