



International Softball Congress



Official World Tournament Roster Form

Team Name:	<input type="text" value="Townsend Tide"/>	City of Operation:	<input type="text" value="Townsend"/>	State/Province:	<input type="text" value="ON"/>	TEAM #	<input type="text"/>
Manager Name:	<input type="text" value="Corey MacLean"/>	Address Street/City:	<input type="text" value="15 Evergreen Hill Road, simcoe ontario"/>	State/Province:	<input type="text" value="ON"/>	Zip/Postal:	<input type="text"/>
Cell Phone:	<input type="text" value="519-802-6305"/>	Email:	<input type="text" value="tidetownsend@gmail.com"/>	Jersey colors:	<input type="text"/>		
Out of Region Exception: <input type="text"/>						Date:	<input type="text"/>

[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 SIGNATURE REQUIRED FOR PARTICIPATION
Player Names		Out of Region		Newcomer		City / State / Province		
Last Name	First Name	Uniform #	Position	PRAWN	to ISC			
1	Maclean	Corey	3	SS			Waterford Ontario	
2	Wardell	Kent	13	3rd			Jarvis Ontario	
3	Stone	Sawyer	14	P			Jarvis Ontario	
4	MacLean	Devon	27	UTIL			Waterford Ontario	
5	Baker	Thomas	2	UTIL			Kincardine Ontario	
6	Baker	Noah	10	OF			Kitchner Ontario	
7	Bassindale	Jeff	11	2nd			Fisherville Ontario	
8	Vondervoort	Alex	17	1st			Woodstock Ontario	
9	Constable	Rhys	76	OF			Selkirk Ontario	
10	Moffit	Troy	19	OF			Waterloo Ontario	
11	Bender	Blair	18	UTIL			Wellesley Ontario	
12	Waugh	Aaron	31	C			St.Marys Ontario	
13	Schlotzhauer	Will	22	P			Tavistock Ontario	
14	Baumber	Jordan	39	C			Tara Ontario	
15	Schields	James	23	C			Florence Ontario	
16	Marshall	Scott	16	P			Nanticoke, Ontario	

		Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Wardell	Rick		1	Fisherville Ontario	
Coach:	Stone	John		7	Jarvis Ontario	
Coach:	Ford	Nick		43	Caledonia Ontario	
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