



# International Softball Congress



## Official ISC Legends Roster Form

Team Name:	<input type="text" value="Waterdown Hammer Legends"/>	City of Operation:	<input type="text" value="Burlington"/>	State/Province:	<input type="text" value="Ontario"/>	TEAM #	<input type="text"/>
Manager Name:	<input type="text" value="Pete Chambers"/>	Address Street/City:	<input type="text" value="Burlington,"/>	State/Province:	<input type="text" value="Ontario"/>	Zip/Postal:	<input type="text"/>
Cell Phone: Available 24/7	<input type="text" value="905-483-1077"/>	Email:	<input type="text" value="peter.chambers.cpa@gmail.com"/>	Date:	<input type="text"/>	Jersey colors:	<input type="text" value="blue/white"/>

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

 Check Box

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		Date of Birth:	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION			
Last Name	First Name	Uniform #	Position					
1	Hames	Rick	29	pitcher	04/08/61		Waterdown,ON	
2	Drury	Dan		SS	1967-07-28		O'Fallon, MO USA	
3	Carson	Bill	66	pitcher	04/06/70		Proton Station,ON	
4	Charlton	Scott	41	pitcher	09/30/67		Owen Sound,ON	
5	Kucharuk	Pete	7	infield	07/11/62		Grimsby,ON	
6	Brooks	Mike	33	infield	06/26/70		Hillsburgh, ON	
7	Campbell	Kent	36	outfield	01/25/71		Orangeville,ON	
8	Gordon	Phil	14	infield	05/10/72		Guelph,ON	
9	Ferhman	Terry		of	1975-05-17		Burlington, ON	
10	Brown	Adam	4	outfield	03/10/72		Fitzroy Harbour, ON	
11	Porter	Brad	24	Pitcher	1975-07-15		Arnprior, ON	
12	Williams	Warren	23	catcher	1967-12-14		Arkel, ON	
13	John	Phil	31	utility	1976-10-01		St Catherines ON	
14	McColl	Chris	22	outfield	11/10/68		Brampton,ON	
15	Paige	Jason		catcher	1975-11-13		Hanover, ON	
16	Doering	Brandon	16	infield	1971-06-23		Calgary, AB	
17	Donaldson	Jeff	25	outfield	11/07/70		Amaranth, ON	
18	Barton	Trevor		2B	1975-06-18		Kinburn, ON	
19	Boughner	Carl	77	outfield	05/21/59		St. Thomas ,ON	
20	Hamblin	Todd		1B/3B	1975-08-22		Keswick, ON	

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Withnall	Larry	8	Burlington,ON	
Coach:	Chambers	Pete	19	Burlington,ON	
Coach:	Richard	Tom	55	Barrie,ON	
Coach:	Hames	Rick	29	Waterdown, ON	
Sponsor:	Hird	Paul		Oakville,ON	
Trainer:					

**All teams should attach their completed roster form to an email and send to the below email addresses.**

**E-mail to: [iscfastpitch@gmail.com](mailto:iscfastpitch@gmail.com), [blairjs@gmail.com](mailto:blairjs@gmail.com), [sb.woody.coach72@att.net](mailto:sb.woody.coach72@att.net), [ck.woodruff@att.net](mailto:ck.woodruff@att.net)**