



# 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:

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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	PRAWN	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
Last Name	First Name	Uniform #	Position									
1	Harms	Jim	15	UTL				Minnesota				
2	Gulick	BJ	21	OF				Wisconsin				
3	Damon	Tyler	0	UTL				Wisconsin				
4	Bouley	Tyler	35	UTL				Minnesota				
5	Jamieson	Michael		P				Minnesota				
6	Kimlinger	Frank	5	OF				Minnesota				
7	Boom	Logan	41	OF				South Dakota				
8	Czech	Tom	2	OF				Minnesota				
9	Nieman	Sam		INF				Minnesota				
10	Pierce	Zach	21	P	X			Saskatchewan				
11	Lewis	Jeff	1	UTL				South Dakota				
12	Lewis	Jon	4	OF				Minnesota				
13	Lewis	Mike	7	UTL				Minnesota				
14	Johnston	Ethan	13	P				Illinois				
15												
16												

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Lewis	Jon	4	Minnesota	
Coach:					
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](mailto:blairjs@gmail.com), [richhaldane@gmail.com](mailto:richhaldane@gmail.com), [gnydick@gmail.com](mailto:gnydick@gmail.com)