# International Softball Congress

## Official World Tournament Roster Form

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Team Name: | New Hamburg Mustangs | City of Operation: | New Hamburg | State/Province | ON | TEAM # | |
| Manager Name: | Ryan Roth | Address Street/City: | 1195B Perth Street, New Hamburg | State/Province | ON | Zip/Postal: | N3A 1W5 |
| Cell Phone: | 519-498-23 | Email: | rroth@wilmotthunder.com | Jersey colors: | | | Black/White/Blue |
| Out of Region Exception: | | | | Date: | | | May 23, 2026 |
| Please certify you have visited the CDC website and reviewed the concussion protocol information: | Check Box | | | Name of person with concussion training: | | | Ryan Roth |

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 | | Newcomer | | PLAYER SIGNATURE |
|---|---|---|---|---|---|---|---|---|---|
| | Last Name | First Name | Uniform # | Position | Region | PRAWN | to ISC | City / State / Province | REQUIRED FOR PARTICIPATION |
| 1 | Roth | Adam | 5 | IF/P | | | x | New Hamburg, ON | |
| 2 | Cloet | Aiden | 19 | UT | | | | Waterford, ON | |
| 3 | Van De Wynckel | Brayden | 15 | UT/P | | | x | Baden, ON | |
| 4 | Christner | Cohen | 65 | P/IN | | | x | New Hamburg, ON | |
| 5 | Ricketts | Colby | 9 | OF | | | x | Baden, ON | |
| 6 | Isert Bender | Felix | 6 | IF/P | | | x | Plattsville, ON | |
| 7 | Durrer | Jake | 1 | IF/OF | | | x | New Hamburg, ON | |
| 8 | Vosper | Jared | 27 | P/IF | | | x | Mitchell, ON | |
| 9 | Eichler | Kaden | 44 | IN/OF | | | x | New Hamburg, ON | |
| 10 | Freeman | Matthew | 22 | OF | | | x | Wellesley, ON | |
| 11 | Van De Wynckel | Matthew | 51 | C | | | x | Baden, ON | |
| 12 | Diamond | Sam | 8 | IF/P | | | x | Washington, ON | |
| 13 | Demarest | Sean | 14 | P/IF | | | x | Plattsville, ON | |
| 14 | Agnello | Trent | 55 | OF/C | | | X | Baden, ON | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |

| | Last Name | First Name | Uniform # | City / State / Province | SIGNATURE REQUIRED FOR PARTICIPATION |
|---|---|---|---|---|---|
| Field manager: | Jutzi | Trevor | 77 | Milverton, ON | |
| Coach: | Roth | Ryan | 88 | New Hamburg, ON | |
| Coach: | Van De Wynckel | Mike | 43 | Baden, ON | |
| Coach: | | | | | |
| Sponsor: | Brenneman | Dwight | 4 | New Hamburg, ON | |
| 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