



International Softball Congress



Official ISC Legends Roster Form

Team Name:	<input type="text" value="Parksville Red Sox"/>	City of Operation:	<input type="text" value="Parksville"/>	State/Province:	<input type="text" value="BC"/>	TEAM #	<input type="text"/>
Manager Name:	<input type="text" value="Randall Thompson"/>	Address Street/City:	<input type="text" value="1077 West Cordova ST"/>	State/Province:	<input type="text" value="BC"/>	Zip/Postal:	<input type="text" value="V6C2C6"/>
Cell Phone: Available 24/7	<input type="text" value="2508950916"/>	Email:	<input type="text" value="randallt23@gmail.com"/>	Date:	<input type="text" value="2026-06-25"/>	Jersey colors:	<input type="text" value="Red / Navy"/>

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.

Last Name		Player Names		Uniform #	Position	Date of Birth:	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
1									
2	Desaulnier	John			P/O	1973-09-17	N	Pinewood, Canada	
3	Alberg	Gord			IF	1970-05-16	N	Parksville, Canada	
4	Lutton	Gene			IF	1973-09-18	N	New Zealand	
5	Chan	Gord			IF	1968/20/08	N	Vancouver, Canada	
6	Kronlund	Ivan			UT	1972/13/05	N	Wyndad, Canada	
7	Thompson	Randall			UT	1966-12-08	N	Vancouver, Canada	
8	Jordan	Dean			UT	1971-04-21	N	St Louis , USA	
9	Hill	Greg			P	1971/27/06	N	Duvall , Canada	
10	Dembrova	Trent			UT	1974-12-05	N	Grande Prairie, Canada	
11	Taikato	Nathan			P	1975-02-19	N	Pimpana, Australia	
12	Metiekingi	David			P	1976-02-07	N	Pimpanma, Australia	
13	Kragh	Ryan			UT	1974-10-17	N	Minot, Minnesota	
14	Puskar	Cam			UT	1974-07-01	N	Calgary, Canada	
15	Potskin	Randy			UT	1968-09-23	N	Prince George, Canada	
16	Gayse	Jim			UT	1968-04-26	N	Victoria, Canada	
17									
18									
19									
20									

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Hartley	Scott		Fort St John / BC	
Coach:	Alberg	Gord		Parksville / BC	
Coach:	Cox	Frank		Grande Prairie, Canada	
Coach:					
Sponsor:					
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, blairjs@gmail.com, sb.woody.coach72@att.net, ck.woodruff@att.net