International Softball Congress

Official ISC Legends Roster Form

Team Name:	R & L Kline Farms	**City of Operation:**	Red Haw	**State/Province**	OH	**TEAM #**	
Manager Name:	Reggie Kline	**Address Street/City:**	37 St. Rt. 302 / West Salem	**State/Province**	OH	**Zip/Postal:**	44287
Cell Phone: Available 24/7	419-685-1643	**Email:**	husky22@myyahoo.com	**Date:**	2026-07-08	**Jersey colors:**	Yellow, Green

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

Name of person with concussion training: Reggie Kline

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: Last Name	First Name	Uniform #	Position	Date of Birth:	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
1	Kline	Reggie					Ohio	
2	Culler	Brian					Ohio	
3	Brown	Kerry					Ohio	
4	Freelon	Mike					Ohio	
5	Queer	Shane					Ohio	
6	Sturgeon	Joe					Indiana	
7	Winans	Beau					Indiana	
8	VanderArk	Darrin					Michigan	
9	VanderArk	Duke					Michigan	
10	Myers	Steve					Michigan	
11	Sherman	Jeff					Michigan	
12	Rivard	Chris					Michigan	
13	Smith	Greg					Michigan	
14	Breen	Todd					New York	
15	Beck	Jesse					Michigan	
16								
17								
18								
19								
20								

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Kline	Reggie		Ohio	
Coach:					
Coach:					
Coach:					
Sponsor:					
Trainer:					

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

E-mail to: blairjs@gmail.com, richhaldane@gmail.com, keithe39@centurylink.net