International Softball Congress

Official ISC Legends Roster Form

Team Name:	Tavistock Legends	**City of Operation:**	Tavistock	**State/Province**	ON	**TEAM #**	
Manager Name:	Marlin Lichti	**Address Street/City:**	188 Westwood Ave, PO Box 516, Tavistock	**State/Province**	ON	**Zip/Postal:**	N0B 2R0
Cell Phone: Available 24/7	519-503-8464	**Email:**	pucks_99@hotmail.com	**Date:**	24-Jun-26	**Jersey colors:**	Green & White

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

Name of person with concussion training: John Vleeming

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	Yaworski	Mike	70	IF/P	1968-05-31	No	Tavistock, ON	
2	Lichti	Marlin	9	OF/IF	1976-07-09	Yes	Tavistock, ON	
3	Wagler	Timothy	18	C	1967-11-30	Yes	Ontario	
4	Rosenquist	Eric	5	IF	1963-05-24	No	New Hamburg, ON	
5	Yantzi	Kevin	17	IF/P	1966-06-16	Yes	Tavistock, ON	
6	Yantzi	Greg	3	IF	1968-07-20	Yes	Tavistock, ON	
7	Daigle	Rene	7	P/IF	1973-03-26	Yes	Ontario	
8	Kuska	Richard	35	I	1965-06-06	No	Ontario	
9	Dann	Todd	13	OF/IF/C	1970-03-23	No	Ontario	
10	Murphy	Larry	55	I	1964-07-04	No	Ontario	
11	Roth	Ryan	29	IF/P	1973-09-17	Yes	New Hamburg, ON	
12	Brookshaw	Scott	31	P	1969-08-10	No	Ontario	
13	Schnarr	Jodie	52	OF	1968-08-30	No	Ontario	
14	Mauviel	Martin	36	P/OF	1973-08-21	No	Westport, ON	
15								
16								
17								
18								
19								
20								

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:					
Coach:	Vleeming	John	81	Ontario	
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