INTERNATION GOFTBALL COM	SRESS CCC	Intern		Softball C	ongre	ess	5	NEERNAILONAARSS OTRALL CONNERESS
Team Name:	Grass Valley Gree	ens	City of Operation:	Grass Valley	State/Province	<u>CA</u>	TEAM #	
Manager Name:	ger Name: Robert Alvara			16463 Judith Court, Grass Valley	State/Province	CA	Zip/Postal:	95949
Cell Phone: Available 24/7 55		559-801-5230	Email:	bobbyalvara@icloud.com]		Jersey colors:	White, Black
		Out of R	Region Exception:				Date:	6/13/25
Please certify you	have visited the CE	C website and reviewed the conc	ussion protocol information:	Che Cck Name of person with Box	h concussion training:	Robert Alva	ra	

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 direc	tly affiliated with you	ir team for whom pass	es should b	e issued. Tl	hese should	I not includ	e fans, rela	tives (unless specifically fulfilling a team	function) or other non-team members.
		r Names				Out of		Newcomer		PLAYER SIGNATURE
	Last Name	1	t Name	Uniform #	Position	Region	PRAWN	to ISC	City / State / Province	REQUIRED FOR PARTICIPATION
1 Bress		Leonardo		42	RHP			Yes	Argentina	
2 Alvara		Robert		55	RHP			Yes	Grass Valley, CA	
3 Birdsong		Ashley		9	RHP			Yes	Galt, CA	
4 Ramirez		Mike		16	3B			No	Galt, CA	
5 Thompson		Dustin		25	SS			Yes	Grass Valley, CA	
6 Neilson		Trevor		7/10	UTIL			Yes	Grass Valley, CA	
7 Jiannino		Jordan		35	1B			Yes	Grass Valley, CA	
8 Deme		Justin		24	1B/OF			No	Penn Valley, CA	
9 Thompson		Toby		00	С			Yes	Oriville, CA	
10 Cross		Wesley		44	С			Yes	Grass Valley, CA	
11 Ehrlich		Zach		22	OF			Yes	Grass Valley, CA	
12 Smeltzley		Darrel		2	OF			Yes	Grass Valley, CA	
13 Grininger		Brock		69	OF			Yes	Grass Valley, CA	
14 Kencke		Kody		1	2B			Yes	Marysville, CA	
15										
16										
	Last	Name	Firs	t Name		Uniform #	ũ		City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manage	r:									
Coach:	Alvara		Robert			55	Grass Valle	ey, CA		
Coach:										
Coach:										
Sponsor:										
Trainer:										
	All teams should attach their completed roster form to an email and send to the below email addresses.									
	Email to: iscfastpitch@gmail.com, blairjs@gmail.com, sb.woody.coach72@att.net									
Eman to: isclastplicn@gmail.com, blanjs@gmail.com, sb.woody.coach/2@att.net										