

## International Softball Congress



Official World Tournament Roster Form											
Team Name:	LACEY A's		City of Operation:	OLYMPIA	State/Province	WA	TEAM#				
Manager Name:	DARIN MICHAEL		Address Street/City:	3222 S BAY RD NE, OLYMPIA	State/Province	WA	Zip/Postal:	98506			
Cell Phone: <u>Availabl</u>	e 24/7	Darin - 360-507-9983	Email:	dmike11106@gmail.com			Jersey colors:	WHITE/RED			
Out of Region Exception: JONAS HAJNY							Date:	6/15/2025			
Please certify you h	Out of Region Exception: JONAS HAJNY  Date: 6/15/2025  ase certify you have visited the CDC website and reviewed the concussion protocol information:  X Name of person with concussion training: DAVE DROTZMANN										

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	
	t Name		t Name	Uniform #	Position	Region	PRAWN	to ISC	City / State / Province	REQUIRED FOR PARTICIPATION
1 MICHAEL		DARIN		1	OF				OLYMPIA, WA	
gROW		JASON		3	2B/OF				YAKIMA, WA	
3 SAGDAL		IAN		4	UTILITY				WOODINVILLE, WA	
4 OKAWA		RYUJI		6	SS	Х		X	TOKUSHIMA, JP	
5 POLL		BOSTON		7	С				SOUTH WEBER, UT	
6 BARKMAN		TYSON		8	Р	Х			ABBOTSFORD, BC	
7 SAGDAL		PAT		9	OF				RICHLAND, WA	
GREIVE		JESSE		10	OF	Х			SOOKE, BC	
9 KNIGHT		KRISTIAN		11	1B				SHELTON, WA	
10 KNIGHT		KASEY		14	3B				TUMWATER, WA	
11 EDGINGTON		BEN		15	UTILITY	Х			VICTORIA, BC	
12 WALUSHKA		DARCY		17	UTILITY	Х			LANGFORD, BC	
TONKIN		DYLAN		22	Р	Х			AUCKLAND, NZ	
14 ELSNER		NICOLAI		23	C/UTILITY	Х			COPENHAGEN, DK	
15 HAJNY		JONAS		25	Р	Х			ZVIKOV, CZ	
16 KNIGHT		TREVOR		34	DP				OLYMPIA, WA	
	Last	Name	First	t Name		Uniform #			City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	BUCKNELL		PAT			82	OLYMPIA, WA			
Coach:	MICHAEL	MICHAEL DARIN				1 OLYMPIA, WA				
Coach:	DROTZMANN DA		DAVE			12	HERMISTON, OR			
Coach:										
Sponsor:										
Trainer:										
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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