



International Softball Congress



Official ISC Legends Roster Form

Team Name:	<input type="text" value="Minnesota Aces"/>	City of Operation:	<input type="text" value="Fairmont"/>	State/Province:	<input type="text" value="MN"/>	TEAM #	<input type="text"/>
Manager Name:	<input type="text" value="Brian Johnson"/>	Address Street/City:	<input type="text" value="553 Winnebago Ave. Fairmont"/>	State/Province:	<input type="text" value="MN"/>	Zip/Postal:	<input type="text"/>
Cell Phone: Available 24/7	<input type="text" value="507-236-4643"/>	Email:	<input type="text" value="martincountymechnical@gmail.com"/>	Date:	<input type="text" value="16-07-2025"/>	Jersey colors:	<input type="text" value="White"/>

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

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.

	Player Names		Uniform #	Position	Date of Birth:	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
	Last Name	First Name						
1	Johnson	Brian	11	IF	1969-04-14		Fairmont MN	
2	Tapp	Robb		OF	1969-01-31		Mendota Heights MN	
3	Meyer	Dave		P	1961-10-16		Duluth MN	
4	Oelke	Mike	23	IF	1974-01-04		Morehead MN	
5	Adelman	Mike	32	Util	1970-06-10		Graceville MN	
6	Thompson	Jerry	20	IF	1968-07-03		Dawson MN	
7	Young	Travis	21	C	1974-08-23		Watertown SD	
8	Reiter	Bob	5	IF	1970-08-04		Florence SD	
9	Reiter	Joe	4	IF	1970-08-04		Willmar MN	
10	Dzingle	David	25	P	1973-11-08		Watking MN	
11	Heller	Lou	12	IF	1953-10-13		Butterfield MN	
12	Hill	Randy		Util	1960-07-23		Duluth MN	
13	Nessler	Dan		IF	1963-02-01		North Mankato MN	
14	Koslowski	Brett		Util	1966-10-16		Duluth MN	
15	Froderman	Mike	30	P	1974-12-07		Eden Prairie MN	
16	Peterson	Robert		C	1967-09-01		Pipestone MN	
17	Boom	Chad		P	1968-04-17		Barnesville MN	
18	Harms	Jim		IF	1968-04-14		Forest Lake MN	
19	Walters	Bruce		OF	1972-09-23		North Mankato MN	
20	Schroeder	Rob		IF	1969-08-08		Lake Crystal MN	

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Johnson	Brian	11		
Coach:	Johnson	Brian	11		
Coach:					
Coach:					
Sponsor:	Johnson	Brian	11		
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