



International Softball Congress



Official World Tournament Roster Form

| | | | | | | | |
|-------------------------------------|--------------------|----------------------|-------------------------|-----------------|-----|-----------------|---------|
| Team Name: | SOUTHSIDE STINGERS | City of Operation: | BRISBANE | State/Province: | QLD | TEAM # | 1 |
| Manager Name: | TRACIE KEMP | Address Street/City: | 24 OAKRIDGE ST BURBANLK | State/Province: | QLD | Zip/Postal: | 5-18-11 |
| Cell Phone: Available 24/7 | 61402097856 | Email: | tekemp68@gmail.com | Jersey colors: | | AQUA/NAVY/WHITE | |
| Out of Region Exception: AUSTRALIA1 | | | | Date: | | 19TH MAY 2025 | |

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

☐ Che
☐ Jck
☐ Box

Name of person with concussion training:

1

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 | Out of Region | PRAWN | Newcomer to ISC | City / State / Province | PLAYER SIGNATURE REQUIRED FOR PARTICIPATION |
|--------------|------------|-----------|----------|---------------|-------|-----------------|-------------------------------|--|
| Last Name | First Name | | | | | | | |
| 1 BOUCHER | GRIFFIN | 28 | OF / 2ND | | | X | KAIKAUNA / WI / USA | |
| 2 BUCKLEY | MITCHELL | 18 | C / OF | X | | X | TOOWOOMBA / QLD / AUSTRALIA | |
| 3 CASHEN | BENJAMIN | 00 | 1ST / OF | X | | X | SYDNEY / NSW / AUSTRALIA | |
| 4 CROUCH | NICK | 10 | OF / 2ND | X | | X | ROCKHAMPTON / QLD / AUSTRALIA | |
| 5 GOODEN | AUSTIN | 78 | P / UT | X | | X | WAGGA WAGGA / NSW / AUSTRALIA | |
| 6 HERRERA | SANTIAGO | 20 | C / 3RD | X | | X | BUNEOS AIRES / ARGENTINA6 | |
| 7 LIST | CORIE | 14 | P / UT | X | | | BRISBANE / QLD / AUSTRALIA | |
| 8 MURRAY | NATHAN | 15 | OF | X | | X | BRISBANE / QLD / AUSTRALIA | |
| 9 STEWART | OLIVER | 90 | C / OF | X | | X | SYDNEY / NSW / AUSTRALIA | |
| 10 WILDBORE | TRAYE | 34 | P / UT | X | | X | AUCKLAND / NEW ZEALAND | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |

| | | Uniform # | City / State / Province | SIGNATURE REQUIRED FOR PARTICIPATION |
|----------------|------------|-----------|-----------------------------|--------------------------------------|
| Last Name | First Name | | | |
| Field manager: | RIVERS | MURRAY | 68 MACKAY / QLD / AUSTRALIA | |
| Coach: | | | | 53 |
| Coach: | LIST | STEVEN | 22 BRISBANE / AUSTRALIA | |
| Coach: | MURRAY | STEPHEN | 19 BRISBANE / AUSTRALIA | |
| Sponsor: | | | | |
| Trainer: | KEMP | TRACIE | 11 BRISBANE / AUSTRALIA | |

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