International Softball Congress										
Team Name:	St. Paul Grey Duck	(S	City of Operation:	St. Paul		State/Province	MN	TEAM #		
Manager Name:	Tom Yungbauer		Address Street/City:	6770 Sherwood Circle		State/Province	MN	Zip/Postal:	12-3-50	
Cell Phone: Availabl	e 24/7	651-270-9174	Email:	yungbauert@gmail.com		I		Jersey colors:	Grey/Black	
Out of Region Exception:								Date:	6/26/2025	
Please certify you have visited the CDC website and reviewed the concussion protocol information: 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 dange										

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				Newcomer		PLAYER SIGNATURE			
	Last Name	First	Name	Uniform #	Position	Region	PRAWN	to ISC	City / State / Province	REQUIRED FOR PARTICIPATION
1 Yungbauer		Tom		28	1B				Woodbury / MN / US	
2 Standley		Ryan		98	OF				St. Paul / MN / US	
3 Dunham		Leo		27	P/IF			Yes	St. Paul / MN / US	
4 Merkl		Dan		1	OF			Yes	Minneapolis / MN / US	
5 Brown		Sean		10	IF			Yes	White Bear Lake / MN / US	
6 Kammueller		Kevin		33	Р			No	Shakopee / MN / US	
7 Long		Eric		91	P/IF			Yes	Pine Ridge / SD / US	
8 Brewer		Anthony		99	Р			Yes	Pine Ridge / SD / US	
9 Emerson	Emerson				Р			Yes	Woodbury / MN / US	
 10 Schwankl		Robbie		5	IF			Yes	St. Anthony / MN / US	
11 Walsh		Seamus			IF			Yes	Corcoran / MN / US	
12 Auran		Nick			Utility			Yes	St. Paul / MN / US	
13 Pobanz		Kyle			OF			Yes	St. Paul / MN / US	
<sub>14</sub> Tapp		Rob		3	Utility			Yes	St. Paul / MN / US	
<u>15</u>										
<u>16</u>										
	Last Name		First Name			Uniform #	Uniform # City / State / Province		City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manag	jer:									
Coach:										
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									