

negligence or any other cause.

## International Softball Congress



Official World Tournament Roster Form											
Team Name:	Toronto Batmen			City of Operation:	Claremont	State/Province	ON	TEAM#			
Manager Name:	Lee Jacques		Address Street/City:	4713 Carpenter Court	State/Province	ON	Zip/Postal:	L1Y 1A8			
Cell Phone: Available 24/7		5192701542		Email:				Jersey colors:	White, Purple, Black		
Out of Region			Out of Region Exc	eption:	]		Date:	April 22			
Please certify you have visited the CDC website and reviewed the concussion protocol information:  Name of person with concussion training: Darren Smale											

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

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
Last	Name	Firs	t Name	Uniform #	Position	Region	PRAWN	to ISC	City / State / Province	REQUIRED FOR PARTICIPATION
Randerson		Tyler		72	P				Tavistock, ON	
2 Veenhof		Dustin		39	P				Kemble, ON	
3 French		Ryan		17	P				Cambridge, ON	
4 Hyde		Derek		2	С				Tavistock, ON	
5 Pringle		Mitch		67	С				Owen Sound, ON	
<u>6</u> Skelton		Cody		33	IF				Claremont, ON	
Moses		AJ		44	OF				Mitchell, ON	
§ Skelton		Andy		42	IF				Stouffville, ON	
g McKay		Mitch		16	IF				Tavistock, ON	
10 Pauli		Tyler		7	IF				Seaforth, ON	
11 Baker		Johnny		24	U				Kitchener, ON	
12 Torrie		Owen		66	U				Williamsford, ON	
Long		Adam		18	U				Cambridge, ON	
<sub>14</sub> Way		Corey		91	OF				St. Jacobs, ON	
15 McKay		Mason		22	OF				Tavistock, ON	
16 Laforest		Liam		14	OF				Woodstock, ON	
	Last	Name	Firs	t Name		Uniform #			City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	Jacques		Lee			50	Owen Sour	nd, ON		
Coach:	Topash		John			5 Blind River, ON				
Coach:	Jacques		LT			8 Owen Sound, ON				
Coach:	Moses		AJ			44	44 Mitchell, ON			
Sponsor:	Skelton		Sheryl & Mike				Claremont,	ON		
Trainer:	Smale		Darren				St. Mary's,	ON		

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