



International Softball Congress



Official World Tournament Roster Form

Team Name:
Manager Name:
Cell Phone: Available 24/7

City of Operation:
Address Street/City:
Email:

State/Province:
State/Province:

TEAM #
Zip/Postal:
Jersey colors:
Date:

Out of Region Exception:

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

☒ k
Box

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	Out of Region	PRAWN	Newcomer to ISC	City / State / Province	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
Last Name	First Name							
1 MACLEAN	COREY	3	SS				WATERFORD, ON	
2 WARDELL	KENT	13	3RD				TOWNSEND, ON	
3 BAUMBER	JORDAN	5	C				TARA, ON	
4 PIERCE	CHARLIE	14	UTILITY				APPIN, ON	
5 MACLEAN	DEVON	27	OF				WATERFORD, ON	
6 BASSINDALE	JEFF	11	2ND				FISHERVILLE, ON	
7 MCCOMB	MITCH	2	UTILITY				CHATSWORTH, ON	
8 SMITH	ETHAN	37	OF				HAGERSVILLE, ON	
9 QUINLAN	DREW	91	OF				OWEN SOUND, ON	
10 CONSTABLE	RHYS	76	UTILITY				SELKIRK, ON	
11 WEISHAR	JARED	15	C				TEESWATER, ON	
12 MOFFITT	TROY	19	OF				WATERLOO, ON	
13 FORD	NICK	43	p				CALEDONIA, ON	
14 SCHWEYER	DALE	16	P				FISHERVILLE, ON	
15 FRASER	BRODY	34	P	X			UPPER NINE MILE RIVER, NS	
16 BULTENA	NOLAN	10	1ST				ARTHUR, ON	
17								
18								

	Last Name	First Name	Uniform #	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager:	WARDELL	RICK	1	FISHERVILLE, ON	
Coach:					
Coach:					
Coach:					
Sponsor:					
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