

## International Softball Congress



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Team Name:	Sebringville Sting		City of Operation:	Sebringville	State/Province	ON	TEAM#	
Manager Name:	Brett Pfeifer		Address Street/City:	10 Dickens Place Stratford, ON	State/Province	ON	Zip/Postal:	N5A 7G1
<b>Cell Phone:</b> <u>Available 24/7</u> 519-639-182		519-639-1827	Email:	sebringvillesting@gmail.com			Jersey colors:	Yellow/ Black/ White/ Red
Out of Region Exception:							Date:	June 9, 2025
Please certify you l	have visited the CDC	website and reviewed the concussio	n protocol information:	Name of person with	concussion training:	Brett Pfeif	er / Chad Fink	

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.

•					Out of				PLAYER SIGNATURE
	î -	t Name	1		Region	PRAWN		1	REQUIRED FOR PARTICIPATION
	Chad		0	P/IF				St.Marys, Ontario	
	Tyler		1	OF				Ingersoll, Ontario	
	Jesse		6	P/IF				Toronto, Ontario	
	Desmond		9	UT			X	St.Marys, Ontario	
	Connor		10	OF			X	Fullarton, Ontario	
	Will		11	P				Tavistock, Ontario	
	Cole		12	UT			Х	Wellesley, Ontario	
	Brett		14	C/IF				Stratford, Ontario	
	Ray		15	UT			Х	Fullarton, Ontario	
	Blair		18	IF				Wellesley, Ontario	
nmitt Phil			22	C/OF				Kitchener, Ontario	
nest Scott			24	OF				Mitchell, Ontario	
Chad		30	P			Х	Tavistock, Ontario		
a Albert			45	OF				Oshawa, Ontario	
	Aaron		63	С				St.Marys, Ontario	
	Cody		97	IF				Zurich, Ontario	
Last Name First N Field manager: Taylor Ivan		t Name Uniform#		City / State / Province		City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION		
		Ivan	ın			New Hamburg, Ontario			
Wilhelm Trevor			99		Scarborough, Ontario				
Waugh	augh lan			37			St.Marys, Ontario		
ch: Bald Aaron						33 Stratford, Ontario			
Sponsor: Holman Zander					54 Sebringville, Ontario				
Trainer: McDougall / McDougall Andrew/ Nathan					13/29 St.Marys/ Rostock , Ontario			ntario	
	Last Taylor Wilhelm Waugh Bald Holman	Chad Tyler Jesse Desmond Connor Will Cole Brett Ray Blair Phill Scott Chad Albert Aaron Cody Last Name Taylor Wilhelm Waugh Bald Holman	t Name   First Name	Name	Name	Name	Taylor   Chad   Chad	Chad	Name

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