AND		nternational Softball	a	So	ffb	0	Congress	
		0	official I	SC Lege	nds Ros	Official ISC Legends Roster Form		
Team Name: EL PASC	EL PASO FAMILY	City of Operation:	EL PASO				State/Province TX	TEAM#
Manager Name: ALBERT	ALBERT GOMEZ	Address Street/City: 9420 CHANTILLY DR EL PASO	9420 CHA	INTILLY DR	EL PASO		State/Province TX	Zip/Postal: 10/10/18
Cell Phone: Available 24/7	(915)269-3828	Email:		<u>steelelpas</u>	steelelpaso07@aol.com		Date: 22-Mar-25	Jersey colors: WHITE & GRAY
Please certify you have visi	Please certify you have visited the CDC website and reviewed the concussion protocol information:	protocol information:	Check Bo	6 Box		Nan	Name of person with concussion training: ALBERT GOMEZ	RT GOMEZ
arbicipants engaging in softball and a person or property and all hazards a presentatives for any injury that may	Participants engaging in softball and activities incidental to so with knowledge of the danger involved and agreer to accept any and all interent 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.	e danger involved and agre arre of softball. In addition to i in the designated sport and	d activities in	my and all intre onsent for my p cidental thereto	rent risks of p articipation, I , whether the	property damage, pers do hereby waive, rele result of negligence c	ional injury, or death. Participants and spectators ass asse and hold harmless the International Softball Con or any other cause.	ume all risk and danger of pers igress, its officers, coaches, spo
Last Name	Player Names First Name Uniform # Position	Uniform#	Position	Date of Birth:	Newcomer to ISC	b8r	Date of Newcomer City / State / Province REQUIRED FOR PAR	PLAYER SIGNATURE REQUIRED FOR PARTICIPATION
GOMEZ	ALBERT	7	and it	1971/09/01	Y	EL PASO, TX		
2 GOMEZ	ABEL	21	2nd	1963/01/02	۲	AUSTIN,TX		
	CHARLES	4	C	1964/04/25	Y	EL PASO,TX		
	HECTOR	4	Pitcher	1963/03/10	Y	EL PASO,TX		
5 CARRILLO	OSVALDO	40	OF	1972/08/29	< -	EL PASO, IX		
ARELLANO	OSCAR	418	UEURI	1970/04/18	< -	EL PASO,TX		
FLORES	FREDDY	18	SS	1974/02/12	4	EL PASO,TX		
	LOUIE	17	Q₽	1967/08/31	Y	ELPASO,TX		
	JOE	01	SSIOF	1968/09/01	Y	EL PASO,TX		
	JOSE	14	SS / OF	1975/11/23	Y	JUAREZ, MX		
_	OSCAR	ça	C/2nd	1969/01/19	~	JUAREZ, MX		
	RAMON	20	1st/OF	1972/08/15	< <	JUAREZ, MX		
14 PARRA	CARLOS	23	P/DH	1973/11/29	< -	SONORA, MX		
ARAGON	EODIE	11	3RD/C		-	LAS CRUCES,NM	2	
11 11								
	Last Name	Firs	First Name		Uniform #	1.1	City / State / Province	SIGNATURE REQUIRED FOR PARTICIPATION
Field manager: LUNA		HECTOR			4	EL PASO, TX		
		ALBERT			7	EL PASO, TX		
		ABEL			21	AUSTIN, TX		
		CHARLES			de .	EL PASO, TX		
Sponsor: N/A				ŀ	T			