



2013 ISA SENIORS WORLD

Location – Columbus, Indiana – 45 minutes from the Indianapolis Airport

DATE: July 26th, 27th, & 28th – All Divisions

All classes will be offered – Major Plus – Major – AAA – AA
MEN'S 50-55-60-65-70-75

AWARDS – 1ST = Trophy – Watches – Championship Shirt – 5 All tournaments – Rings (Optional)

There must be 3 or more teams in a division to receive watches.

2nd = Trophy – Individual Awards – 3 All Tournament

3rd = Trophy – 2 All tournament

NOTE: 1st place also receives a berth to the SSUSA T.O.C, subject to roster approval by SSUSA. There must be more than 1 team in a division to receive the T.O.C. berth. You must win your bracket to receive the TOC berth.

Roster Rule: Same as SSUSA

FORMAT: 5 GAME GUARANTEE – 2 pool games for seeding into a 3 game Guarantee Bracket.

Note: Tournament Director has the right to change the format because of inclement weather.

Diamonds – Lincoln Park (6 fields) – 2501 Lincoln Park Drive – Columbus, IN 47201

Dunn Sports Complex (4 fields) – 750 Spears Street – Columbus, IN 47201

Ceraland (2 fields) – 3989 S. 525E – Columbus, IN 47203

RULES: Same rules as SSUSA, unless the change is given to you in writing at the managers meeting.

ENTRY FEE: \$500 plus \$25 ISA team registration fee if not already registered.

Send all entries to Jerry Jackson at the address below.

DEADLINE FOR ENTRY: July 14th, 2013 – All entry fees and a team roster must be received by this date.

To get a roster go to www.isasoftball.com – click on line roster, then print roster. Roster does not have to be signed but all players must be listed. Players can sign when they get to the tournament.

REFUND POLICY: If a team drops out before schedules are done. They will get a full refund. If a team drops after the schedules are made there is no refund.

MANAGERS MEETING: Manager Check-In and Managers Meeting will be held Thursday, July 25th.

Managers Check in is from 5pm to 6:30pm with Managers meeting at 6:30

Location of Managers check-in & meeting: Donner Center – 739 22nd Street – Columbus, IN 47201

HOTELS: Go to www.columbus.in.us – then click Hotels/Sleep

Campground Information – go to www.ceraland.org – then click facilities

AIRPORT INFORMATION: Indianapolis, IN airport is 45 minutes – Louisville, KY airport is 1 hour and Cincinnati, OH is 1 ½ hours away.

TOURNAMENT DIRECTOR: Jerry Jackson – 309-267-8772 - jjackson@itv-3.com

TO ENTER THE 2013 ISA SENIORS WORLD FILL OUT THE INFORMATION ATTACHED AND RETURN TO

JERRY JACKSON – 1114 S. 6TH – PEKIN, IL 61554 – Please include your team roster & entry fee.

“YOU'RE NEVER TOO OLD TO PLAY”

PLEASE PRINT NEATLY:

ENTRY FORM: ISA SENIORS WORLD

AGE DIVISION: 50___ 55___ 60___ 65___ 70___ 75___

DIVISION OF PLAY: Major Plus___ Major___ AAA___ AA___

All teams will be classified by the Senior Summit Rating System.

TEAM NAME: _____

MANAGERS NAME: _____

MGRS. STREET ADDRESS: _____

CITY _____

STATE _____ **ZIP CODE** _____

HM PHONE _____ **CELL** _____

EMAIL _____

NOTE: The Miken Ultra II is legal in ISA Senior Ball.

Don't forget to send your entry fee, \$500, plus your ISA team sanction fee \$25, and roster.

DEADLINE FOR ENTRY IS July 14th, 2013.

RETURN TO:
JERRY JACKSON
1114 S. 6TH
PEKIN, IL 61554

“YOU'RE NEVER TOO OLD TO PLAY”

OFFICIAL ROSTER[Save as PDF](#)

Team Name

Tournament Location

Class

Registration No.

TEAM MANAGER AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in the ISA, I hereby agree for myself, successor, heirs and assigns, Release and forever discharge Independent Softball Association, Inc. (ISA), their employees, officers and directors from all claims, actions or judgements I may have or claim to have against ISA for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the ISA either Leagues or Tournaments. I further agree for myself, successor, heirs and assigns to indemnify and hold ISA harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in the ISA and from all judgements recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures, slides and movies taken or made by ISA, their employees, officers and directors, in connection with my participation in the ISA either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by ISA, or by any person, corporation or association authorized by ISA. I am in good health and have no physical condition that would prevent me from participation in ISA events. I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

PRINT PLAYER NAME	PLAYER / GUARDIAN SIGNATURE	EMAIL ADDRESS	PHONE	DATE OF BIRTH
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
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19.				
20.				
21.				
22.				

ISA Requirements: Roster must be signed by all players. The player is automatically ineligible if a signature appears on more than one roster, unless the player has a written release dated and signed by the team manager of the team for which the player will not be a member. By signing, I am aware of the penalties for using or possessing an altered bat. Failure to surrender bat upon request will result in immediate suspension. The release must be filed with the Regional Director before the teams play in a tournament leading to a State or National Championship Team rosters must be submitted to State Qualifying for State or National Championship. TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST.

TEAM MANAGER AFFIDAVIT

I am the manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in the championship play of the ISA and agree to be bound by the rules and regulations of ISA. I also guarantee that if my team is a church team, all members of my team are members in good standing of the church that we represent.

Signature of Team Manager

Print Manager Name

Phone

Manager Address

Signature of Church Pastor or Elder

Email

City, State, Zip