

2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SSBL sponsored baseball tournament, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume all responsibility for my participation.
- I will not sue or attempt to sue with the intent and maximum harm and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE SOUTHERN ILLINOIS SELECT BASEBALL LEAGUE, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, administrators, and if applicable, owners and sponsors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. PARENTS/GUARDIANS SIGNATURE FOR SHOULD BE ON THE SAME NUMBERED LINE AS PLAYER'S NAME APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements and verifies that the date of birth is correct. Parent or legal guardian of each youth player must sign below.

Team Name: Freeburg Firehawks

Age Division: 9U

Coach Name: Matthew Knake

Coach Name: Matt Trout

Coach Name: Jonas Shook

Coach Name: Ben Mueth

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Caleb Knake	11/8/2014	Matthew Knake	Father	mknake1@gmail.com
2 Chris Vriel	1/7/15	Zach Vriel	Father	ZXVIEL@gmail.com
3 Levi Bevil	4/9/15	Lacey Bevil	Mother	l-koerkenmeier@hotmail.com
4 Kaitlyn Nussbaum	10/29/14	M. Nussbaum	Father	m.nussbaum@yahoo.com
5 Carter Junge	8/21/14	Jason Junge	Father	jsjunge86@yahoo.com
6 Easton Cordic	10-22-14	Chris Cordic	Father	Cordic82@hotmail.com
7 Colton Trout	7-7-15	Matt Trout	Father	Matt.trout27@gmail.com
8 Bryson Mueth	9-10-14	Ben Mueth	FATHER	ben.m.mueth@gmail.com
9 Carson Mathews	11-5-14	Melanie Mathews	Mom	mathews-melanie@yahoo.com
10 Tyler Lysakowski	1-20-15	Angela Lysakowski	Mom	lysak628@gmail.com
11 Jackson Schill	9-16-14	Claude Schill	mom	Schill6@yahoo.com
12 Nolan Shook	1-23-15	Jonas Shook	FATHER	JShook00@gmail.com
13 William Corvill	1-25-15	Al Corvill	Bad	iclaude.corvill@gmail.com
14 Brock Rau	11-10-14	Chris Rau	Father	85.rauman@gmail.com
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