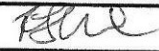
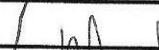

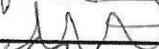
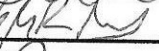
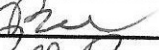








2024 League Roster/Waiver Form

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

1. 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.
 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all responsibility for my participation.
 3. I willingly agree to comply with the stated and customary terms 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.
 4. 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, advertisers, and if applicable, owners and lessors 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 RELEASEES 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:	St. Clair Stars			
Age Division	9U			
Coach Name:	Kyle Rosborg			
Coach Name:	Ryan Wiggs			
Coach Name:	Ben Wanless			
Coach Name:	Vincent Mudd			
Coach Name:	Ryan Thoele			
Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
Colin Thoele	March 25, 2015		DAD	thoeleme@gmail.com
Jimmy Mudd	September 13, 2014		DAD	catie.mudd@gmail.com
Vinny Mudd	December 16, 2015		DAD	catie.mudd@gmail.com
Laith Fares	June 10, 2015		MOTHER	hamzefares@gmail.com
Leo Rosborg	February 23, 2015		DAD	kyle.rosborg@gmail.com
Luke Lembke	December 12, 2014		FATHER	berkjill2@gmail.com
Owen Wanless	August 27, 2015		MOTHER	ben.wanless@gmail.com
Tyler Burnham	July 16, 2014		FATHER	cathrynburnham@gmail.com
Wyatt Wiggs	June 3, 2015		Dad	rwiggs@bths201.org
Brady Sonnenberg	October 11, 2015		FATHER	tiffanysonnenberg@gmail.com
Connor Rujawitz	July 10, 2015		MOM	therujfam@gmail.com
Logan Simmons	July 23, 2015		FATHER	alvinsimmons123@yahoo.com