

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: Warriors

Age Division: 9U

Coach Name: John Moore

Coach Name: Brad Geller

Coach Name: Josh Braun

Coach Name: Ryan Roschafsky

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Joseph Scalise	10/16/14	Stf Sol	Parent	SCALISE73011@GMAIL.COM
2 Nolan Hodges	2/13/15	Edward Nade	Parent	hodge33@hotmail.com
3 RYANUFELDMAN	11/29/14	Ton	Parent	tfeld@sbc.global.net
4 Shane Meehan	Aug-5-14	Kyle Meehan	Parent	Jmeehan1742@gmail.com
5 Josh Brimer	4/8/15	Mike Brimer	Parent	mikebrimer51@gmail.com
6 Stanley White	7/17/15	Samantha White	Parent	samanthawhite943@gmail.com
7 Jayden Patel	8/28/14	Erik Patel	Parent	erikapatel21@gmail.com
8 Gerard Roschafsky	1/18/16	Gerard Roschafsky	Parent	Hanna.soccer10@gmail.com
9 Abby Buettner	1/16/15	Abby Buettner	Parent	abbybuettner@gmail.com
10 Crewmbride	2/13/15	Ashley Crewmbride	Parent	ashley0703@gmail.com
11 Kaiden Shields	10/6/14	Kaiden Shields	parent	KKolb16@gmail.com
12 Omar Geller	10/3/14	Omar Geller	parent	ngeller23@gmail.com
13 Anthony Mook	10/31/14	John Mook	Parent	John26mook@gmail.com
14 Jake Braun	10/21/14	Josh Braun	Parent	Eoh328@yahoo.com
15 Jackson Vodka	4/27/15	Matthew Vodka	Parent	mrvodka9@gmail.com
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