

2024 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SSBFL 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 RELEASEE 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 FLORIDA 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: Smithton Banters

Age Division: 10U

Coach Name: Jason Chandler

Coach Name: Mila Chlenorf

Coach Name: Chris Therman

Coach Name: Eric Blaha

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Matthew Owen	11-2-13	<u>Matthew Owen</u>	Mother	roch710@yahoo.com
2. HENRY WOODBURN	11-3-14	<u>John Woodburn</u>	FATHER	gharrina3477@gmail.com
3. CAMDEN CALVERT	8-1-24	<u>RAC</u>	FATHER	rcalves@yahoo.com
4. Carson Blaha	3-12-14	<u>Eric Blaha</u>	Father	dblaha22@gmail.com
5. Ross Kober	4-17-14	<u>Ang Will</u>	Mother	
6. Casey Wheeler	11-8-13	<u>James Wheeler</u>	Mother	jamee.wheeler@gmail.com
7. Mike Chandler	8-2-14	<u>Jason Chandler</u>	DAD	33bichandler@yahoo.com
8. Patrick Therman	5-17-14	<u>Chris Therman</u>	DAD	ThermanCS@gmail.com
9. Jaxon Chlenorf	11-19-14	<u>Mila Chlenorf</u>	DAD	Chlen76@yahoo.com
10. Jordan Chlenorf	11-19-14	<u>Mila Chlenorf</u>	DAD	Chlen76@yahoo.com
11. Harvey Hammond	8-17-14	<u>Missy Hammond</u>	Mother	missamhammond@gmail.com
12. Chris Johnson	9-26-04	<u>Robert Johnson</u>	Dad	rokybr74@yahoo.com
13. Belle Hubbard	3-12-14	<u>John Hubbard</u>	Father	kgu422@sbcsbglobal.net
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