

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: 11u Razorbacks

Age Division: 11u

Coach Name: Zach Nelson

Coach Name: Scott Johnson

Coach Name: Jason Goeddel

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Hunter Nelson	8/6/13	Mary Nelson	Mom	maymay6298@yahoo.com
2 Caleb Goeddel	10/8/2012	C Goeddel	Dad	Jasing@MTC.net
3 Ty Johanning	5/8/2013	Cathy Joh	Mom	CKJ@htc.net
4 Camden Toenjes	8-23-12	Cam Toenjes	Dad	ctoenjes25@yahoo
5 Scott Johnson	5-10-13	Scott Johnson	DAD	johnson.scott1977@gmail.com
6 Wyatt Witges	8-13-12	Wyatt Witges	Dad	KWitges@america.com
BC 7 Trey Keever	7-26-12	Trey Keever	DAD	tomkeever@gmail.com
8 Eli Amann	9-25-12	Matt Amann	Dad	mattamann37@gmail.com
9 Nolan Prather	3-23-13	Nolan Prather	DAD	PRATHER.MATT1515@GMAIL.COM
10 Luke Vogt	1-2-13	Luke Vogt	Dad	Kj.Vogt18@gmail.com
11 Brady Lowder	5-2-12	Brady Lowder	DAD	MILLERTYAE15@GMAIL.COM
12 Logan Ott	12-3-12	Logan Ott	Dad	josh.ottegrinnellmutual.com
13 Wyatt Gibson	5-24-12	Wyatt Gibson	DAD	jmgibson@spartanimp.com
• Caleb Schweickhardt	12/18/13	B Schweickhardt	Dad	BradSchweickhardt@gmail.com
15				
16				
17				
18				
19				
20				