

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 do 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 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 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, the 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: New Athens Panthers

Age Division: 14 American North

Coach Name: Roger M. Idendorff

Coach Name: Jacob Wright

Coach Name: Danny Brewer

Coach Name: Clay Young

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Luke Wright	6-27-11		Father	lake.wright520@yahoo.com
2. Chad Allen More	10/20-11		Mother	Dobcarebpf@gmail.com
3	1/20/12			
4. Michael Petrus	7/5/11		Mother	walsh.trisha@yahoo.com
5. Brooke M. Schold	7/5/11		Father	linzy502@yahoo.com
6. Bryce Sieber	8-17-11		Father	Brennsieber@sbcglobal.net
7. William Hankammer	9/8/11		Mother	Lindsey24@hotmail.com
8. Tyce Hoover	6-5-11		Mother	bhoover826@gmail.com
9. Myles Young	9-10-11		Mother	myyoung080406@gmail.com
10. Evan Brewer	11-5-11		Father	DannyBrewer10@hotmail.com
11. Cole Schattenbrand	9-12-11		Mother	Schattenbrand@sppswaterloo.com
12. Matt Mehrmann	03-30-12		Mother	mehrmann.farms@gmail.com
13. Mason Rice	7-10-11		Mother	Arice@randolphcountyil.gov
14. Tanner Chandler	6-9-11		Mother	Hillstern.farms@yahoo.com
15. Carter St.egman	2-8-11		Mother	Mstegman9978@yahoo.com
16. Braden Lloyd	10-18-11		Father	brandon.lloyd@gmail.com
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