

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: SOUTHERN STORM

Age Division: 12U

Coach Name: MARK LAPLANTZ

Coach Name: ROD COCKRELL

Coach Name: MARK TAMPOW

Coach Name: BRIAN JOHNSON

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
MAXX DEDMON	5/24/2012		FATHER	WDEDMON@HOTMAIL.COM
MICHAEL JOHNSON	11/29/2011		FATHER	JCB087@ATT.NET
COLTON TAMPOW	2/15/2012		FATHER	SOUTHERNSTORMBASEBALL10@GMAIL.COM
RILEY MCKNIGHT	7/25/2011		FATHER	MCKNIGHTDERFK19@GMAIL.COM
ELI COCKRELL	2/20/2012		FATHER	RODCOCK_18@YAHOO.COM
LOGAN LAPLANTZ	7/3/2012		FATHER	MLAPLANTZ@FNBWATERLOO.BANK
MASON MUELLER	9/3/2012		MOTHER	MIKAELAMQON81@YAHOO.COM
ALBIE PARKER	1/15/2013		MOTHER	CASSIE.NEWBOLD@GMAIL.COM
KALE HENDRICK	4/4/2013		MOTHER	JWHIT379@HOTMAIL.COM
MAX VOSS	10/18/2011		FATHER	JOSHVQSS59@GMAIL.COM
MICHAEL LEHRMANN	11/13/2011		MOTHER	SARAH.LAMB2@HOTMAIL.COM
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