

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: RWIG 3 RUS

Age Division: 12U

Coach Name: Jim Snodgrass

Coach Name: NOAH KLUNKHART

Coach Name: MATT JACKSON

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Dar Toberman	12-15-11	Carol Walla	Mom	Carol_7331a@hotmail.com
2. Tripp Ford	1.15.12	Amranda Ford	Mom	amford1100@gmail.com
3. Keaton Wallace	10-16-11	Bethany Wallace	Mom	bgjw3@yahoo.com
4. Jackson Klinkhardt	8-14-11	Nathan Klink	Dad	nklink1986@gmail.com
5. Lynn Linnerman	10-25-11	Sahra Lin	Mom	sahra23@yahoo.com
6. Hunter Nelson	8-6-2013	Zach Nelson	DAD	znelson@kdemmerlen.com
7. Caleb Ouedel	10-8-2012	Anthony Ouedel	DAD	Tasin91@NTC.net
8. Sebastian Philo	12-29-11	Thomas Philo	DAD	SP1229@gmail.com
9. Logan Schenk	11/23/12	Michael Schenk	Dad	michael.schenk5@gmail.com
10. Brian 2hr	6/8/11	Tina 2hr	Mom	telms218@gmail.com
11. Logan Melus	2/15/12	Michael Melus	Dad	michael.d.melus@gmail.com
12. Brayden Tuck	6/22/11	Matt Jackson	Dad	actionjackson_8@msn.com
13. Jackson Snodgrass	5/10/11	Jim Snodgrass	DAD	jsnodgrass2710@gmail.com
14. Teddie Klinkhart	2/4/13			
15.				
16.				
17.				
18.				
19.				
20.				

SPhilo1229@gmail.com