

2025 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: RED BUD CYCLONES

Age Division: 10U

Coach Name: TEAVIS LEICK

Coach Name: CAREY STEIBEL

Coach Name: DREW KUEKER

Coach Name: PAUL CABANISS

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Westin Kelly	07/03/2015	Micaela Kelly	Mother	mkloeppe@hotmail.com
2 Daniel Kueker	3/19/15	Tom Kueker	Mother	Kueker5@outlook.com
3 JACOB CANTRELL	9-1-14	Bob Cantrell	FATHER	Cascant18@gmail.com
4 Henry Blake	8/19/15	Debra Blake	Mother	covrtrug7997@yahoo.com
5 Dagen Cabaniss	2/7/15	Alice Cabaniss	Mother	Cabanissalice@gmail.com
6 Liam Long	11/8/14	Katherine Long	Mother	joshandkatilong@yahoo.com
7 Frankie Roscow	12/12/14	Sarah Roscow	Mother	Serosecow@gmail.com
8 Ethan Rushing	8/28/15	Sarah Roscow	Step-mom	Serosecow@gmail.com
9 COOPER STEIBEL	4/17/15	Cory Steibel	DAD	Corysteibel@yahoo.com
10 Hutson Killy	7/21/2015	Tori Killy	MOM	torikilly721@gmail.com
11 Brewer Krick	2/17/15	Erin Krick	MOM	erin.krick@gmail.com
12 Dexter Lunt	6/20/16	Brian Lunt	Dad	brian.lunt@hotmail.com
13 Hayden Albert	6/23/14	Brian Albert	Dad	brian21177@yahoo.com
14 Derek Johnson	1/5/16	Derek Johnson	Dad	derekjohnson567@gmail.com
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