

2025 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SABL sponsored baseball tournament, the undersigned acknowledges, appreciates, and agrees that:

- 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.
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume all responsibility for my participation.
- 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.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE SOUTHWEST 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 ("Releasee"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE 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: Lightning

Age Division: 10U

Coach Name: Dorovan

Coach Name: Johnson

Coach Name: Casper

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 James Trame	5-11-15	Jennifer Trame	Mother	mckgrad02@icloud.com
2 James Brown	3-13-14	Michelle Walker	Mother	michellewalker1989@gmail.com
3 Sam Casperson	9-3-2014	Jacob Casperson	Dad	jacobcasperson@gmail.com
4 Rowen Bishay	7-20-15	Greg Bishay	Dad	dwner95@outlook.com
5 Steven Shirley	2-4-2015	Marsha Shirley	Mom	jason-marsha-shirley@yahoo.com
6 Aidan Amelkin	9-3-2014	Aidan Amelkin	Dad	amelin44@gmail.com
7 James Schuler	6-23-14	James Schuler	Dad	gkjc1977@gmail.com
8 James Schuler	8-1-15	James Schuler	Dad	gkjc1977@gmail.com
9 Andy Miller	11-17-14	Andy Miller	Mother	dicia.schenck@yahoo.com
10 Bryce Cook	11-25-14	Joan Cook	Mother	Swimiebertoldt@gmail.com
11 James Cook	7-23-14	Joan Cook	Mother	panelaspad@icloud.com
12 Daniel Danovan	5/14/14	Danovan	Dad	kdberetall37@aol.com
13 Amber Greenberg	2/29/2015	Amber Green	Mother	ambertimmera@hotmail.com
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Daniel Greenberg 95 @outlook.com