

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 will willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unsafe or 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 officials, 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: O'Fallon Vipers

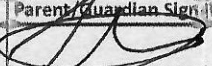



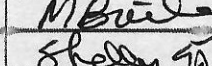



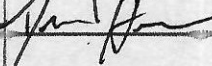
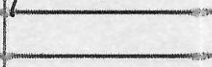


Age Division: 14U NATIONAL

Coach Name: Ryan Shores

Coach Name: Jim Pectreano

Coach Name: Mike Hudgens

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 Leo Shores	11/4/2010		Father	RyShores5@gmail.com
2 Lucas Carroll	2/8/2011		Father	carrolldaniel631@gmail.com
3 Cal Haag	4-14-11		Father	nahaag@hotmail.com
4 Hudson Pecoraro	6-21-11		Father	Jim516bb36@sbcglobal.net
5 Rigden Senior	6-27-11		Father	mrseior2003@gmail.com
6 Charlie Bailey	2-28-11		Mother	marybailes1028@live.com
7 Jace Shepherd	4-24-11		Mother	shellyshepherd0920@gmail.com
8 Hobbs Hudgens	10-24-10		Father	mhudge2@yahoo.com
9 Wyatt Redenbeaux	11/13/10		Mother	wredenbeaux@yahoo.com
10 Jensen Itri	7/9/2011		FATHER	Robert.N.Itri@gmail.com
11 Dylan Shaw	2/5/2011		Mother	david.shaw00@gmail.com
1 Shawn Hendrickson	4/5/2011		Father	P.Hendrickson2020@gmail.com
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Team Name: Olsson Vipers

Age Division: 14U

Coach Name: Ryan Jones

Coach Name: Jim Pecorello

Coach Name: Mike Hudgens

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 <u>Parker Kinney</u>	<u>6/14/2011</u>	<u>FATHER</u>	<u>Josh Kinney</u>	<u>Josh.Kinney@yahoo.com</u>
2 <u>Reece Hines</u>	<u>12/23/10</u>	<u>FATHER</u>	<u>Scott Hines</u>	<u>ScottH@toppy.net</u>
3 <u>Walker Hudgen</u>	<u>1/23/13</u>	<u>FATHER</u>	<u>Mike Hudgen</u>	<u>MHudgen2@yahoo.com</u>
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Team Name: Jefferson Vipers

Age Division: 14U

Coach Name: Kyle Stone

Coach Name: Jim Kesterson

Coach Name: M. Lee Hudson

Coach Name: _____

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Parker Kimmey	6/16/2011	FATHER	Joe Kimmey	Joey.Kimmey@yahoo.com
2. Reece Hines	12/23/10	FATHER	Reece Hines	Scotth@tampabay.com
3. Walker Hudson	1/23/13	FATHER	M. Lee Hudson	MHudson2@yahoo.com
4. Matt Robinson	11/1/10	FATHER	Matt Robinson	MRobinson@msa.com
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