

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: Freeburg Firehawks

Age Division: 7U

Coach Name: JONAS SHOOK

Coach Name: JAKE BAYERS

Coach Name: Dereck Green

Coach Name: Jeff Kettler

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1 JAKE SHOOK	4/7/18	Jon Shook	FATHER	Jshook00@GMAIL.COM
2 Brady Bayers	8/14/17	JL Bayers	Father	jbayes3@hotmail.com
3 Roman Burklow	2/2/18	Andrea Burklow	Mother	aburklow11@bellefonte.org
4 Elliott Tomei	4/14/18	Olivia Tomei	Mother	Libz84@yahoo.com
5 Freddy Krampfer	2-5-18	B Krampfer	mom	BKrampfer88@gmail.com
6 Tucker Green	8/7/17	D Green	mom	dcgreendez5@gmail.com
7 Henry Wittenauer	11/17/18	Kristi Otten	mom	KristiOtten@gmail.com
8 Mike Kettler	1-20-18	Jeff Kettler	Father	Jeff.S.Kettler@gmail.com
9 Charlie Ellett	1-9-18	Elizabeth Ellett	mom	cowgus67908@yahoo.com
10 Kery Gagen	3-14-18	Deborah Gagen	mom	gagens@frg70.org
11 Everett Stoodl	11-22-18	Brian Stoodl	Father	cl.pier.65@gmail.com
12 Leighton Brown	9/17/17	Kyle Brown	Father	Krbrown2003@yahoo.com
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