

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: Smithton Storm

Age Division: 8U

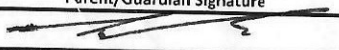
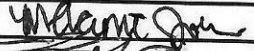
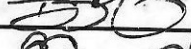

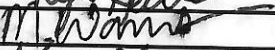







Coach Name: Tom Koshak

Coach Name: Ben Schaefer

Coach Name: Jamaal Johnson

Coach Name: Shawn Middendorf

Coach Name: Jonas Shook

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address	
Greyson Koshak	5/9/2016		Parent	tomkoshak@gmail.com	mkoshak13@gmail.com
Gabriel Johnson	5/19/2016		Parent	howardjohns@gmail.com	mglauber81@yahoo.com
Aidan Schaefer	8/24/2016		Parent	bschaefer84@gmail.com	erinschaefer@outlook.com
Will Shook	8/29/2016		Parent	jshook00@gmail.com	ekapolnek@gmail.com
Landon Harres	12/3/2016		Parent	rharres@hotmail.com	heitzkn@gmail.com
Murray Wamser	10/5/2016		Parent	ryanw73@yahoo.com	micelledwrds2@gmail.com
Easton Middendorf	1/25/2017		Parent	shawnmiddendorf@gmail.com	campy23@hotmail.com,
Isaac Sabaleski	5/14/2017		Parent	sweetski_00@yahoo.com	jhffmn86@yahoo.com,
Austin Wester	12/8/2017		Parent	neilwester1984@gmail.com	cdl7811@gmail.com
Avery Bizzle	7/10/2017		Parent	neuirthzach@gmail.com	stephanie_bizzle@icloud.com
Shane Traiteur	8/15/2016		Parent	jtraite2@gmail.com	kayob22@yahoo.com
Zac Vartanian	9/21/2016		Parent	garenvartanian@gmail.com	angelahauss@gmail.com