

2025 League Roster/Waiver Form

In consideration of being allowed to participate in any way in the SIBL 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 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: Route 3 Roots

Age Division: 8U

Coach Name: Joan Hood

Coach Name: Phil Bank

Coach Name: Chuck Beckman

Coach Name: Kenny Kries

Player Name	Player Birthday	Parent/Guardian Signature	Relationship to Child	Parent Email Address
1. Riley Hood	01/08/17	[Signature]	Father	Jhood3-4@yahoo.com
2. Harrison Bank	11/25/16	[Signature]	Father	philipbank@hotmail.com
3. Jeffery Trankew	11/22/16	[Signature]	Mother	julie-trankew@yahoo.com
4. Michael Beckman	8/17/2017	[Signature]	Father	CBeckman54@aol.net
5. Tre Lester	9/14/2017	[Signature]	Mom	Courtney.m.hurst@gmail.com
6. Bryce Reno	4/11/17	[Signature]	Dad	Justin15680@yahoo.com
7. Daxton Cook	2/23/2017	[Signature]	Mom	Kristin11cook@gmail.com
8. Ryan Duke	10/3/2016	[Signature]	Mom	araplabdinger@gmail.com
9. Patrick Kries	3/21/17	[Signature]	Mom	samantha.kries@gmail.com
10. Joan Carlson	2/15/2017	[Signature]	Mom	Haleycarlson92@gmail.com
11. Alex Rowton	6/15/2017	[Signature]	Mom	ashley.rowton@yahoo.com
12. Josh Jenkins	11/9/2016	[Signature]	Father	Jjens3483@gmail.com
13. Sam Stevenson	8/25/2016	[Signature]	Father	stevenson2500@gmail.com
14. Brett Schneider	3/23/17	[Signature]	Father	gschneider9528@gmail.com
15.				
16.				