

MEDICAL INSURANCE INFORMATION

Company:

Policy #:

___ This policy will cover any injury incurred at the clinic.

___ I do not have sickness or accident insurance, but will not hold URI or its staff responsible in the event my child is injured.

WAIVER

I understand the physical risks involved with the participation in baseball, and hereby release URI and the clinic staff from responsibility for injury that may occur to my child on the way to, during, or return home from the clinic. I approve of my child's participation, and verify that he is in good health.

(Parent or guardian signature)

(Date) _____