

**De Pere Baseball Booster Club Travel Teams**  
**Waiver Form & Proof of Insurance**

We (I) the undersigned have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by our/my son \_\_\_\_\_, while participating on a De Pere Baseball Booster Club Travel Team. We(I) further knowingly and voluntarily waive any and all claims against and forever release coaches, the De Pere Baseball Booster Club and the Unified School District of De Pere.

My insurance carrier is \_\_\_\_\_

My policy/group number is \_\_\_\_\_

Our/my signature below will allow a coach or designated person to admit our/my son to a medical facility and/or to the care of a physician, if conditions warrant such action.

Parent or legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

I give my permission for the Booster Club to use my son's photo on the web site/promotional items \_\_\_\_\_  
(initials)