

Physician Release

_____ has been examined by me on _____ and my
(name of student) (date)
examination has found no medical reason to preclude his/her participation in competitive sports this season.

Physician Signature _____ Date _____

Parents Release

In consideration of _____ being allowed to participate in competitive sports,
(name of student)
and intending to be legally bound, I do hereby release and forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the Diocese, Catholic Institute, and St Therese of Lisieux Catholic School of the city of Munhall and/or the School Athletic Association, their agents and their successors, from any/all actions or suits in law or equity which I / we might hereafter have, by reason of injuries sustained by my child participating in sports or in transit to or from participation in sports.

Mother Signature _____ Date _____

Father Signature _____ Date _____

Mother's Employer _____ Address _____

Father's Employer _____ Address _____

Hospitalization Covering Athlete: Blue Cross _____ Blue Shield _____ Major Medical _____ Other _____

Policy Number _____ Agreement Number _____

*** Please check if you do not have Hospitalization Coverage _____ ***

Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Program. However, the diocese will provide payment up to \$1000.00 toward the balance of athletic injury medical costs in excess of an individual's own coverage (Hospitalization, DPA, Blue Cross, Blue Shield, Major Medical, etc.). This payment is subject to strict limitations and no claim will be considered without full information required. As in the past, expenses beyond one year of accident date are not eligible expenses.

I have read the above and will comply.

Printed Name of Parent / Guardian

Signature of Parent / Guardian