

PHYSICIAN RELEASE:

_____ has been examined by me on _____

(Name of Student)

(Date)

and my examination has found no medical reason to preclude his/her participation in competitive sports.

SPORT: _____
(Physician/ Date)

PARENT'S RELEASE:

In consideration of _____, being allowed to participate in competitive
(Son/Daughter's Name)

sports, 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 _____ a Catholic School of the City of _____ 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.

PARENTS OR GUARDIANS SIGNATURE:

(Father's Signature/Date) (Mother's Signature/Date)

Father's Employer: _____ Address _____ Phone: _____

Mother's Employer: _____ Address _____ Phone: _____

HOSPITALIZATION COVERING ATHLETE:

Blue Cross/ Blue Shield _____ PPO Blue _____ Major Medical _____ Other Coverage: _____

Policy # _____ Agreement # _____

Please check if you do not have Hospitalization Coverage or DPA Coverage _____.

Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Program.

However, the Diocese will provide payment up to 1,000.00 toward balance of athletic injury medical costs in excess of an individual's own coverage (Hospitalization, DPA, Blue Cross/Blue Shield, PPO Blue, 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.

We have read the foregoing release and explanation of payment and understand the same. We agree to accept the limited additional coverage pursuant to the terms set forth herein and agree to forego any additional claim.

(Father's Signature/ Date) (Mother's Signature/ Date)

Approved: _____
(Principal)