

School _____

PHYSICIAN RELEASE

_____ has been examined by me on _____
(Date)

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

Scoliosis: Pos _____ Neg _____
Physician/Date

PARENTS RELEASE

In consideration of being allowed to participate in competitive 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 Saint Anne Catholic School of the City of Pittsburgh, and/or the School Athletic Association, their agents and their successors, from any/all actions of suites 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's Signature/Date

Father's Signature/Date

Mother's Employer _____ Address _____ Phone _____

Father's Employer _____ Address _____ Phone _____

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

Other Coverage _____ Policy No. _____ Agreement No. _____

Please check if you do not have Hospitalization Coverage _____

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

However, the diocese will provide payment up to \$1,000.00 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.

Parent/Guardian's Signature

Principal's Signature

Approved: