

Diocese of Pittsburgh Physician Release Form

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.

Physician/Date

Address

Parent's 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, St. John the Baptist School of Plum, PA, the SJB Athletic Association, their agents and successors, from any/all actions or suits in law or equity which I/We might hereafter have, by reason of injuries sustained by the child participating in sports or in transit to or from participation in sports.

Father's Signature/Date _____			Mother's Signature/Date _____		
Mother's Employer		Address:		Phone:	
Father's Employer		Address:		Phone:	
Hospitalization Covering Athlete (Circle One)		Blue Cross	Blue Shield	Major Medical	
Other Coverage		Policy No.		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 Programs. 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 and will comply.

Approved: _____

Parent or Guardian Signature