

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.

Address

 Physician / Date

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, and St Barthomew Catholic School of the City of Pittsburgh and/or the School Athletic Associate, 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 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 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 \$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. M As in the past, expenses beyond one year of accident date arte not eligible expenses.

I have read a will comply.

Approved: _____

 Parent or Guardian's Signature