

DSL Physician and Parent Release Form

School _____

PHYSICIAN RELEASE

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

Physician Signature

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 _____ 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.

Mothers Signature

Date

Fathers Signature

Date

Mother's Employer _____ Address _____ Phone _____

Father's Employer _____ Address _____ Phone _____

Insurance Covering Athlete: Blue Cross ___ Blue Shield ___ Major Medical ___ Other Coverage _____

Policy Number _____ Group Number _____

Please check if you do not have Medical Insurance 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 the above and will comply:

Parent or Guardian's Signature

Date