

PARENT'S RELEASE

IN CONSIDERATION OF _____ BEING ALLOWED TO PARTICIPATE IN COMPETITIVE
(son's/daughter's name)
SPORTS, AND INTENDING TO BE LEGALLY BOUND, I HEREBY RELEASE AND FOREVER DISCHARGE THE
ROMAN CATHOLIC DIOCESE OF PITTSBURGH, THE BISHOP OF THE DIOCESE, CATHOLIC INSTITUTE, AND
ST. BONAVENTURE PARISH SCHOOL OF THE CITY OF PITTSBURGH (GLENSHAW), AND/OR THE SCHOOL
ATHLETIC ASSOCIATION, THEIR AGENTS AND THEIR SUCCESSORS, FROM ANY AND 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.

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 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

Approved: _____
(Principal)

PHYSICIAN RELEASE

SCHOOL: _____ HT. _____ WT. _____

(Name of Student) HAS BEEN EXAMINED BY ME ON _____ AND MY
(Date)

EXAMINATION HAS FOUND NO MEDICAL REASON TO PRECLUDE HIS/HER PARTICIPATION IN COMPETITIVE
SPORTS.

Physician's Signature/Date