

CDTCA Physician and Parent Release Form

PHYSICIAN RELEASE

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

Physician's Signature

Date

PARENT RELEASE

In consideration of (name of student) 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 Christ the Divine Teacher Catholic Academy in the city of Aspinwall, PA, 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.

Mother or Guardian Signature

Date

Father or Guardian Signature

Date

Mother's Employer:

Address:

Phone:

Father's Employer:

Address:

Phone:

Insurance covering athlete:

Policy Number:

Group Number:

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 Signature

Date