

**ST. ELIZABETH ELEMENTARY SCHOOL
PARENT AND PHYSICIAN RELEASE FORM**

PHYSICIAN RELEASE

_____ has been examined by me on _____
and my examination has found no medical reason to precluded his/her participation in
competitive sports.

(Physician Signature)

(Date)

EMPLOYMENT AND HOSPITALIZATION INFORMATION

Employer: _____ Insurance: _____
Address: _____ Group #: _____
Address: _____ Policy #: _____
Phone: _____

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 related 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 claims will be considered without full information required. Expenses incurred beyond one year of the date of an accident are not eligible expenses.

I have read the above information, and will comply with it, in its entirety, as indicated by my signature below.

PARENT / GUARDIAN RELEASE

In consideration of my child 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 Pittsburgh, Catholic Institute, and St. Elizabeth Catholic School of the City of Pittsburgh, and/or the School Athletic Association, their agents and successors, from any and all actions or suits in law or equity which I/we might have, by reason of injuries sustained by my child participating in sports, or in transit to or from participation in sports.

(Parent/Guardian Signature)

(Date)

(Principal's Signature)

(Date)