

OUR LADY OF FATIMA



CATHOLIC DIOCESE of PITTSBURGH

Physician Release

(Student name) _____ has been examined on (Date) _____ and my examination has found no medical reason to preclude his/her performance in competitive athletics

Physician

Date

Parent Release

In consideration of (Student Name) _____ being allowed to participate in competitive athletics and intending to be legally bound, I do hereby and forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of Pittsburgh, Catholic Institute, Our Lady if Fatima School, 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 /from participations in athletics.

Parent Signature

Date

Print Signature

Insurance

Students may not participate in athletics unless insurance information is provided

Insurance Company

Policy Number

Identification Number

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. This payment is subject to strict limitations and no claim will be considered without complete information required. As in the past, expenses beyond one year of accident date are not eligible expenses.