

**School: St. Sylvester School**

**Physician Release**

\_\_\_\_\_ has been examined by me on \_\_\_\_\_  
Name of Student \_\_\_\_\_ Date \_\_\_\_\_

And my examination has found no medical reason to preclude his/her participation in competitive sports.

Physician \_\_\_\_\_ Date \_\_\_\_\_

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**Parent 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 St. Sylvester School of Brentwood, PA and/or St. Sylvester School Sports Club, 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 sports or in transit to or from participation in sports.

Mother's Signature \_\_\_\_\_ Father's Signature \_\_\_\_\_

Mother's  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospitalization Covering Athlete:  
\_\_\_\_\_

Other Coverage \_\_\_\_\_ Policy No. \_\_\_\_\_ Agreement Number \_\_\_\_\_

Please check if you **do not have** hospitalization coverage \_\_\_\_\_

Proof of medical coverage is required for an athlete to participate in sports. If no coverage exists, the student CAN NOT participate in athletics.

A parent permitting a student to participate in school athletics after coverage has terminated or without coverage will assume full responsibility for any medical claim resulting from an injury while participating in the sport.

Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Programs.

However, the Diocese will provide payment up to \$1,000.00 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.

Approved: \_\_\_\_\_  
(Parent or Guardian's Signature)