

St. Margaret School Physical Form

Student _____ Grade _____

PHYSICIAN RELEASE

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

Results for mandated scoliosis screening examination (in bending position):

() positive () negative If positive, follow up:

PHYSICIAN SIGNATURE/DATE

PARENTS 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. Margaret of Scotland Catholic School of the borough of Greentree and/or the School Athletic Association, their agents, their coaches and their successors, from any/all actions or suites 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

Father's signature

Mother's employer

Address _____

Phone _____

Father's employer

Address _____

Phone _____

Hospitalization covering athlete: Blue Cross _____ Blue Shield _____ Major Medical _____

Other coverage _____ Policy# _____ Agreement # _____

Please check if you DO NOT have Hospitalization Coverage _____

Coverage for injury resulting from athletic participation is specifically excluded from 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, 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

APPROVED: _____

School Principal