

**EAST CATHOLIC ATHLETIC ASSOCIATION  
2001 ARDMORE BOULEVARD  
PITTSBURGH, PA 15221  
412-351-5403**

**ATHLETIC PARTICIPATION RELEASE FORM**

**PHYSICIAN RELEASE:**

\_\_\_\_\_ has been examined by me on \_\_\_\_\_ and my  
(Name of Student) (Date)

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

\_\_\_\_\_  
Physician Signature/Date

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**PARENT'S 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 East Catholic School of Forest Hills, 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 transit to or from participation in sports.

\_\_\_\_\_  
Parent/Guardian's Signature/Date

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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/Guardian's Signature

\_\_\_\_\_  
E-mail Address