ARCHANGEL GABRIEL ATHLETIC ASSOCIATION

2022-2023 PHYSICAL RELEASE FORM

PHYSICAN'S RELEASE

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

Does the student have:	Circle One:	If yes, please explain:
Restrictions or limitations on participation or activity?	Yes / No	
Any known allergies?	Yes / No	
A history of physical ailments (nosebleeds/asthma/etc.)?	Yes / No	
Current medical therapy or prescriptions?	Yes / No	
Need / Use an inhaler?	Yes / No	

Signed:_____ (Physician)

_____ (Physician Phone)

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 Archangel Gabriel School and/or the School Athletic Association, their agents and their successors, from any/all sanctions or suits in law or equity which I/we might hereafter have, by reason of injuries sustained by my child participating in sports, cheerleading and other school sponsored activities, or in transit to or from participating in sports, cheerleading and other school sponsored activities.

Signed:_____ Date:_____ (Father's Signature)

Signed:_____ Date:_____ (Mother's Signature)

Please check if you do not have Hospitalization Coverage: _____

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 towards 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. Expenses beyond one year of accident date are not eligible expenses. I have read the above and will comply.

Approved/Signed:_____ Date: _____

(Parent or Guardian Signature)