



This form **must** be completed by the parents and physicians of all students who wish to participate in Campus School team sports. Please complete and return to the school office prior to participation. If this form is not complete, your child will not be permitted to practice or participate in games or meets.

Student Name: _____ Grade: _____

Please Check All that Apply:

FALL:

Cross Country: Grades 3-8

WINTER:

Basketball: Grades K-8

SPRING:

Soccer: Grades 1-8

EXISTING MEDICAL COVERAGE:

Name of Plan/Insurer: _____ Policy/Member # _____
My child requires Rescue Medication: Asthma Inhaler EPI pen

PHYSICIAN RELEASE

I have examined the above named student and have found no medical reason to preclude his/her participation in competitive sports for this school year.

Physician's Signature

Date

PARENT RELEASE

I/We hereby voluntarily permit my/our child to participate in the **Campus School Sports**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ **Initial Here**

In consideration of my child 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, Carlow University and The Campus School of Carlow University, 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/our child participating in sports or in transit to or from participation in sports.

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 (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 Signature

Date