

# Saint Raphael Sports Family Release/Insurance Form 2011/2012

Family Name \_\_\_\_\_

Individuals participate in athletics at their own risk, with parents and/or guardians assuming responsibilities related if minor is injured. Participation in athletics without medical insurance coverage is prohibited. Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance programs.

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 Saint Raphael Elementary Catholic School of the City of Pittsburgh 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 in transit to or from participating in sports.

I have read the above and will comply.

\_\_\_\_\_  
(Father/Guardian signature)      (Date)      \_\_\_\_\_      (Mother/Guardian signature)      (Date)

Does your child/children have Medical Insurance? \_\_\_\_\_

Hospitalization Covering the Athlete(s): \_\_\_\_\_  
(Name of Insurance company and plan)

**EVERY ATHLETE MUST HAVE A COMPLETED, CURRENT FAMILY RELEASE FORM, SPORTS REGISTRATION FORM, AND PHYSICIAN'S RELEASE FORM IN ORDER TO PLAY. THESE ARE ABSOLUTE DIOCESAN AND SCHOOL REGULATIONS AND THERE WILL BE NO EXCEPTIONS.**

**All forms have to be turned in by 11/18/2011. Uniforms will not be issued to any player unless we have ALL forms**

**Saint Raphael Sports Registration 2011/2012**

Family Last Name: \_\_\_\_\_

Parents'/Guardian's Names: \_\_\_\_\_

1. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male Female  
Student Name Circle One

Medical History (Allergies, Current Medications etc.):

2. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male Female  
Student Name Circle One

Medical History (Allergies, Current Medications etc.):

3. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male Female  
Student Name Circle One

Medical History (Allergies, Current Medications etc.):

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Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registration Fees**

Basketball all levels                      \$40 1<sup>st</sup> Student                      \$60 Per Family

*If a uniform is issued to a student for a sport, it must be turned in at the end of the season or a fee will be assessed to cover the cost of the uniform.*

Total Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash \_\_\_\_\_

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

## St. Raphael Sports Physician Release Form 2011/2012

This release form will be accepted by St. Raphael Elementary School for Basketball.

### PHYSICIAN RELEASE

\_\_\_\_\_ has been examined by me on \_\_\_\_\_  
(Child's name) (Date)

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

Physician's signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

\*Note for parents/guardians of returning students/athletes: medical release forms are good for one year from the date of examination.

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