Sacred Heart Sports Family Release/Insurance Form 2005-2006

Family Name	
if minor is injured. Participation in athletics	wn risk, with parents and/or guardians assuming responsibilities related without medical insurance coverage is prohibited. Coverage for injury fically excluded from the Diocesan Insurance programs.
In consideration of	·
the Diocese, Catholic Institute, and Sacred School Athletic Association, their agents at	ng allowed to participate in competitive sports, and intending to be wer discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of Heart Elementary Catholic School of the City of Pittsburgh and/or the nd their successors, from any/all actions or suits in law or equity which aries sustained by my child participating in sports or in transit to or from
I have read the above and will comply.	
(Father/Guardian signature) (Date	(Mother/Guardian signature) (Date)
Hospitalization Covering the Athlete(s): $\frac{1}{(N)}$	ame of Insurance company and plan)
Policy Holder	Employer
Employer's Address	
Employer's Phone	Policy Number
Group Number	ID Number

Please make a copy of this form for your records.

EVERY ATHLETE MUST HAVE A COMPLETED, CURRENT PARENT RELEASE FORM, EMERGENCY INFORMATION FORM, AND PHYSICIAN'S RELEASE FORM IN ORDER TO PRACTICE OR PLAY. THESE ARE ABSOLUTE DIOCESAN AND SCHOOL REGULATIONS AND THERE WILL BE NO EXCEPTIONS. Completed forms and payment must be turned in to the school office by August 29 in an envelope marked Athletics, or no later than the first practice if your child is to participate in his/her sport.

It would help us keep registration simpler for everyone if all forms and payments are returned early. However, payments may be made by the first practice, and Physician Release Forms (if current within one year) can be updated during the next checkup and returned to school as soon as possible.