

St. Mary's Assumption School

Parents Release

In consideration of my son/daughter, being allowed to participate in competitive sports, I do hereby release and forever discharge the Roman Catholic Diocese of Scranton, The Roman Catholic Bishop of Scranton, St. Mary's Assumption School and/or the School Athletic Association from any/all actions or suits in law or equity which I might hereafter have, by reasons of injuries sustained by my child participating in sports or in transit to or from participation in sports.

Signature of Parent

Date

I do ____ do not ____ wish my son/daughter to participate in the student accident insurance program offered at St. Mary's Assumption School for the 20____ school year.

Parent's Signature

Hospitalization covering athlete: Blue Cross _____
Blue Shield _____

Other type of hospitalization coverage: _____

I agree that in case of injury to my child, I will apply our hospitalization and/or accident insurance toward the payment of the expenses which are not covered by athlete/student insurance. I understand that all medical expenses are the responsibility of the parents and/or guardian.

Signed _____
Parent/guardian

If my child is injured at a game and I am not present; I give my permission to:

Call _____ at phone # _____

Take to _____ Hospital

Child's Physician _____