



TRADITION.
INNOVATION.
EXCELLENCE.

STUDENT SPORTS RELEASE

This form must be completed **prior to participating on any athletic team at Alpha**. It will be used in the event of an emergency and must be on file before a student will be permitted to participate in any athletic activity. Please return the completed form to the **Director of Athletics** (via the Main Office) prior to the first practice.

Student's Personal Information:

Name: _____
First Name Middle Initial Last Name

Male Female Date of Birth: _____

Primary Address: _____
Street City State/Province Postal Code

Primary Emergency Contact #1:

Name: _____ Relationship: _____

Phone Number: _____ Home Cell Work

Phone Number: _____ Home Cell Work

Emergency Contact #2:

Name: _____ Relationship: _____

Phone Number: _____ Home Cell Work

Phone Number: _____ Home Cell Work

Emergency Contact #3:

Name: _____ Relationship: _____

Phone Number: _____ Home Cell Work

Phone Number: _____ Home Cell Work

Student Insurance Information:

Health Insurance Provider: _____

Policy Holder Name: _____ Relationship: _____

Policy Number: _____ Group Number: _____

Employer: _____

The applicant does does not have hospitalization coverage

Sport(s) Student is Participating in:Basketball Cross Country Volleyball Soccer Other please specify _____

Student Health Information:Applicant's medical history or problems (e.g. allergies, diabetes, color blindness, convulsive disorders, and serum sensitives): _____
_____Applicant's current medications (and reason for them): _____

Physician's Release

I hereby certify that I have reviewed the above named child's Health History and performed a comprehensive physical examination and on the basis of such evaluation and history, certify that, the student is physically fit to participate all aspects of the above mentioned athletic activity(ies).

Name of Physician: _____

Signature of Physician: _____

Phone Number: _____

Date: _____

In the event of an emergency and the parents/guardians/emergency contacts cannot be reached, the undersigned hereby authorizes representatives of Providence Heights Alpha School to act as my agent to secure emergency medical treatment for the above named student, a minor child for whom I am responsible, at UPMC Passavant Hospital, when, in the opinion of school representatives, such emergency medical treatment is deemed appropriate during the time my child is attending, coming to, or leaving the athletic activities mentioned above. I hereby agree to hold Providence Heights Alpha School, its representatives, and the Sisters of Divine Providence harmless for exercising its judgment in authorizing such emergency treatment and said representatives specifically authorized to sign any required emergency hospital treatment forms on my behalf.

In consideration for the above named student being permitted to participate in athletic activities, I do hereby release and forever discharge Providence Heights Alpha School and the Sisters of Divine Providence located at 9000 Babcock Boulevard, Allison Park, PA, 15101 from any and all actions or suits in law or equity which I might hereafter have, by reasons of injuries sustained by the above named student participating in the above mentioned athletic activities.

I/We, the undersigned, do attest to the accuracy of the information provided on this form. Furthermore, should there be any change, I/we will immediately notify the school.

Parent/Guardian Name_____
Parent/Guardian Signature_____
Date_____
Parent/Guardian Name_____
Parent/Guardian Signature_____
Date