



25 Osborne Street • Johnstown, PA 15905 • Ph: 814-536-8991 • Fax: 814-535-4118 • www.mccort.org

ATHLETIC INJURY CLAIM WAIVER

I hereby certify that I carry insurance on my son/daughter _____, which provides coverage for injuries sustained by my son/daughter while participating in any of the following sports programs sponsored by Bishop McCort Catholic High School: baseball, basketball, cheerleading, cross country, football, golf, ice hockey, soccer, softball, swimming, tennis, track and field, volleyball, and weight lifting.

I, therefore, waive any and all claims that I might have against Bishop McCort Catholic High School or any employee of Bishop McCort Catholic High School arising out of any physical injury or damage sustained by my son/daughter while playing, practicing, traveling, or otherwise participating in the school's sports program.

I hereby acknowledge that my child is physically capable of participation in Bishop McCort athletics. I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention for which I shall pay. (Please use the allotted space below to detail any medical condition that the coaches and trainers should know about.)

MEDICAL PROBLEMS: _____

My coverage is with the insurance companies listed below: **(Must be completed)**

DATE

SIGNATURE OF PARENT

NOTE: THE FOLLOWING FORMS (PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION FORM {CIPPE} AND ATHLETIC INJURY CLAIM WAIVER) MUST BE FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN PRIOR TO PHYSICAL EXAM.

HE/SHE **MUST** BE EXAMINED BY A FAMILY PHYSICIAN. **NO** STUDENT WILL BE PERMITTED TO PRACTICE UNTIL HE/SHE IS EXAMINED AND ALL FORMS ARE SUBMITTED.