



Athletics Insurance and Physical Registration Form

Insurance

Some form of insurance coverage must protect ALL students participating in inter-scholastic athletics. Students are not permitted to participate in any sports program unless they are adequately protected by private insurance.

Please be advised that when students participate in school athletic programs, any expenditure incurred as a result of injuries is to be paid from their own private insurance. No expenditures for student accidents can be paid from any school funds.

Physicals

Each student must have their family physician sign the form below indicating that he/she has examined the child recently (within one year) and has concluded that they are able to participate in inter-scholastic sports along with any restrictions.

Please complete this insurance form and have your family physician sign the release acknowledging your child's readiness to participate in the designated sport. Return the signed form to the respective coach. A signed form is required for each student.

- I understand my son/daughter _____ will participate in _____ Sport(s)
- Our family insurance coverage is with _____ and it is adequate.
Insurance Company
- I understand that Pittsburgh Urban Christian School is not responsible and will not pay for any injuries that might result from participation in inter-scholastic sports.

Parent's or Guardian's Signature Date

Email address 1st contact number 2nd contact number

I have examined _____ and have concluded that he/she is able to participate in;

Student's Name – please print

- Cross country – any restrictions? _____
- Basketball - any restrictions? _____
- Track and field - any restrictions? _____
- Any other significant medical conditions? _____

Physician's Signature Date