

Athlete's Parents' and Physician's Release Form

Athlete's Name _____

Physician Release

_____ has been examined by me on _____, and my examination has found no medical reason to preclude his/her participation in competitive sports.

Physician/date

Parent's Release

In consideration of _____, being allowed to participate in competitive sports, and intending to be legally bound, I do hereby release and forever discharge Aquinas Academy and the school Athletic Association, their agents and successors, from any/all actions or suits in law or equity which I/we might hereafter have by reason of injuries sustained by my child participating in sports in transit or from participation in sports.

Mother's signature/date

Father's Signature/Date