

# NORTH PITTSBURGH CATHOLIC IRONMEN FOOTBALL (NPCF) – ST. KILIAN

**PHYSICIAN'S RELEASE FORM – GET PHYSICAL OVER SUMMER IN CONJUNCTION WITH  
SCHOOL PHYSICAL – THIS FORM MUST BE USED FOR FOOTBALL (NO EXCEPTIONS).**

Dear Parents and Guardians:

Please be advised that every child who registers for a sports program or activity at any school is required to have a Physician's Release Form signed by a doctor **BEFORE PARTICIPATING** in any **PRACTICES, LEAGUE GAMES, OR TOURNAMENT GAMES**. Any child not having a completed Physician Release will not be allowed to participate until such a release is obtained.

We abide by the judgment of your physician and feel he/she should assess your child's health status in relation to safely participating in the football program. If there are no restrictions or limitations, please have your physician complete and sign the Physician's Release Form below. Please make a copy of the signed form if your child will be participating in multiple sports so that you can turn it in with the required paperwork for each sport. A **NEW** Physician's Release Form is required every new school year and is part of our school policy for participation in our sport's program.

Please return the completed form to your child's coach prior to the first scheduled practice.

We appreciate your support of our sports program.

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**NORTH PITTSBURGH CATHOLIC FOOTBALL** BIRTH DATE: \_\_\_\_\_

PLEASE ADVISE ANY ALLERGIES : \_\_\_\_\_ Weight: \_\_\_\_\_

PLEASE ADVISE ANY MEDICAL CONDITIONS: (i.e., Asthma) \_\_\_\_\_

I have read the above in relation to \_\_\_\_\_ who has been  
(Name of student)

examined by me on \_\_\_\_\_ and my examination has found no medical  
(Date)

reason to preclude his or her participation in the above named competitive sports for the

school year \_\_\_\_\_ / \_\_\_\_\_.  
(i.e. 2017/2018)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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Please Print Physician's Name or Group