

**Bishop McDevitt High School  
Sports Physical Card 2005-2006**

*This card is eligible for the 2005-2006 school year only.*

*A new Physical Card must be obtained each new school year.*

**Parent's Release**

In consideration of my Son/Daughter: \_\_\_\_\_  
being allowed to participate in competitive sports, I do hereby release and forever  
discharge the Archdiocese of Philadelphia/Bishop McDevitt High School and/or the  
High School Athletic Association, or their successors, from any and all action or suits  
of law or equity which I might hereafter have by reason of injuries sustained by my  
child while participating in sports or in transit to or from participation in sports.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone Number for Parent

**Physician's Release**

\_\_\_\_\_  
Athlete's Last Name      First      Student #  
has been examined by me and I hereby certify that he/she  
may participate in competitive sports.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Doctor's Office Phone Number