



VMA ATHLETICS

Participant's Roster/Insurance/Emergency Form
Coach must have one form for each student on roster.

Sport:
Coaches:

Grade:

Name: _____

Address: _____

Phone: _____ Cell #1: _____ Cell #2: _____

Grade: _____ Birth Date: _____ Uniform #: _____

In case of emergency, please call: *(Include name, relationship and phone #)*

Name of physician & phone #: _____

Present medications: _____

Allergies: _____

Any medical conditions coach should be aware of: _____



I, _____, the parent of _____, have the necessary insurance to cover any injury and will not hold Villa Madonna Academy or coaching staff responsible.

Parent signature: _____ Date: _____

I, _____, an athlete at Villa Madonna Academy, promise to follow instructions and abide by the rules given to me by the coach.

Student signature: _____ Date: _____

It is the duty of the parent and the player to attend the Parent Meeting at the beginning of the season to be informed of the VMA Sports Policy, rules and guidelines and sports pledges. I have attended the mandatory meeting given by the coach or Athletic Director for my child's team.

Parent signature: _____ Date: _____