



PARTICIPANT INFORMATION FORM

Virginia Royalty Athletics
10103 Residency Road | Manassas VA, 20110
(703) 544-9700

PARTICIPANT INFORMATION:

Participant Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Athlete's Home Phone _____ Athlete's Cell Phone _____

PARENT INFORMATION:

Parent/Guardian's Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

BILLING/CONTACT INFORMATION : If same as Parent/Guardian info check here _____

Billing Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION: (Other Than Parent)

Emergency Contact Name _____ Relationship to Participant _____

Home Phone _____ Work Phone _____ Cell Phone _____

INSURANCE INFORMATION

Insurance Carrier _____ Policy Number _____

Carrier's Phone _____ Group Number _____

Medical Conditions/Allergies _____

I give permission for my athlete to have the following medication (s) if necessary, while at VRA: Tylenol, Advil, Pepto, Motrin, Benadryl.

I, the undersigned Parent/Guardian/Athlete do hereby give consent for the above athlete to participate in the training and activities held at Virginia Royalty Athletics and accept full responsibility for all cost incurred by myself or my athlete. I have completely filled out this form in its entirety and attest that all information given is factual.

Signature of Parent/Guardian/Athlete

Date