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Virgin Islands Montessori School & International Academy

Sports RELEASE & WAIVER

**Fill out one for EACH child/EACH sport
Return to the coach.**

In consideration of the Virgin Island Montessori School and International Academy (VIMSIA) providing an Athletic Program, and in permitting the child (s) names below to enroll therein the undersigned parent/guardian agrees to the following:

I hereby release the VIMSIA and its representatives from and all liability due to injury, loss of other consequences that might occur while participation in the athletics program, provided that the injury, loss or other consequences were not caused by willfulness or gross neglect of the VIMSIA or its representatives.

Sport: _____

Coach: _____

Child's Name: _____

Emergency Contact: _____

Health conditions/Allergies/Physical Limitations: _____

Other person(s) authorized to pick-up my child(ren): _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____