

# Activity Roster

School \_\_\_\_\_



Sport \_\_\_\_\_

Date \_\_\_\_\_

**Name of Student-athlete**

*Please Print*

**Name of Student-athlete**

*Please Print*

1 _____	26 _____
2 _____	27 _____
3 _____	28 _____
4 _____	29 _____
5 _____	30 _____
6 _____	31 _____
7 _____	32 _____
8 _____	33 _____
9 _____	34 _____
10 _____	35 _____
11 _____	36 _____
12 _____	37 _____
13 _____	38 _____
14 _____	39 _____
15 _____	40 _____
16 _____	41 _____
17 _____	42 _____
18 _____	43 _____
19 _____	44 _____
20 _____	45 _____
21 _____	46 _____
22 _____	47 _____
23 _____	48 _____
24 _____	49 _____
25 _____	50 _____

**As evidence on file:** Documentation that the student-athletes listed above have properly cleared a *Preparticipation Physical Evaluation*, submitted a parent-signed *Release of all Claims* statement, submitted a parent-signed *Authorization to Treat* statement, and submitted complete Emergency Information Form including *Primary Insurance Information*; thus meeting the requirements to be covered by the MIAA excess insurance policy. The MIAA Athletic Health Services office will be immediately notified of any changes of the activity roster.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Signature of Principal