



**Alexandria Harvest Cup
Individual Participant Medical Release Form**

I, the parent or legal guardian of, _____, hereby give permission for any coach, team manager, or other team official or parent of my child's soccer team, Alexandria Soccer Association, to obtain whatever medical attention may be necessary in case of injury or illness to my above-named child.

Child's physician: _____

Physician's address: _____

Physician's phone: _____

Insurance company: _____

Insurance policy no.: _____

Emergency phone no.: _____

Child's date of birth: ___/___/___ Date of last tetanus shot: ___/___/___

Pre-existing medical conditions or allergies to medications: _____

Your Name (print): _____

Home address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Signature of parent / guardian: _____ Date: _____