



Alexandria Soccer Association | Alexandria Spring Send-Off
Individual Participant Medical Release Form

I, the parent or legal guardian of, _____, hereby give
(Participant Full Name)
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: _____ Cell phone: _____

Signature of guardian: _____ Date: _____