



Medical Release Confirmation

I, the team manager or team contact of, _____ (team), hereby acknowledge I have a medical release form for each player on my roster that is filled out and completed to be used in case of an emergency.

I recognize that these medical forms give permission for any coach, team manager, or other team official or parent of my child's soccer team and Alexandria Soccer, to obtain whatever medical attention may be necessary in case of injury or illness to my above-named child

Signature of team manager/team contact: _____ Date: _____