



Medical Release Acknowledgement

By signing this form, I understand that medical releases are required for all players, including any guest players, attending and carried on the roster I submitted to the tournament. Furthermore, I acknowledge that I have a current medical release for any player in my custody and will have them present during the tournament.

Print Name: _____

Date: _____ Title: _____

Team: _____ Age: _____

Number of Players: _____ Number of Medical Releases: _____

X _____