



## Medical Release Acknowledgement

By signing this form, I understand that signed medical release forms are required for every player on the roster I submitted for this season/tournament. Furthermore, I acknowledge that I have a current signed medical release form for every player in my custody and will have the signed medical release forms in my possession during the season/tournament.

Team Name: \_\_\_\_\_ Team Age: \_\_\_\_\_ U Boy Girl

Number of Players: \_\_\_\_\_ Number of Signed Medical Release Forms: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_