



## 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 \_\_\_\_\_