No Man's Land Cup Medical Release Team Form

Team Name:

_____

Team Age & Gender (Example: U6 Boys): _____

Team Contact Name: _____

I certify the following for our team:

1. I have a Medical Release form for every player on the team's Official Roster.

2. I have a Medical Release form for every guest player.

3. I will have all Medical Releases present at all the team's tournament games, should they be needed.

_____ (Team Coach/Manager's Signature)