MEDICAL RELEASE TEAM CERTIFICATION

I certify the following for our team:

1. I have a Medical Release form for every player on the team’s Tournament Game Report.
2. I will have all Medical Releases present at all the teams tournament games, should they be needed.

**Click here to enter text.** (Enter Team Name, Age and Gender in this box)

**Click here to enter text.** (Enter Team Manager or Tournament Contact name in this box)