



42nd Annual Turkey Shootout 2025



Team Medical Release Confirmation Form

I confirm that a valid Medical Release Form for each player on our roster has been received by the team coach or manager and that these forms will be present at all of the team's [Turkey Shootout](#) games.

Team Association, Name, Age Group and Gender
(Example: Midland SA Lightning, 11U Girls)

Name of Team Coach or Manager (please print)

Signature of Team Coach or Manager

Date