



2019 Fairport Soccer Club Tournament Team Medical Release Form

I _____ Coach/Manager/Team Representative
Print Full Name

the _____
Club Name Age Level Team Name

acknowledge that I, the Coach/Manager, have in my possession, and will have during all games at the 2019 Fairport Soccer Club Tournament June 28-30, 2019, a Medical Release Form for each player on the roster and all guest players. I also acknowledge that each form has been completed in its entirety and has been signed by that player's parent or legal guardian. I may be requested to furnish the Medical Release Forms for each player and the failure to do so may cause a forfeiture of games and/or eligibility to participate.

Date: _____

Signature: _____