



PLAYER MEDICAL RELEASE FORM ACKNOWLEDGEMENT FORM

TEAM NAME _____ AGE GROUP _____
COACH _____ MANAGER _____
NUMBER OF PLAYERS _____ MANAGER'S CELL # _____

VEGAS CUP & NEVADA YOUTH SOCCER ASSOCIATION REQUIRES THAT EVERY PARTICIPATING ATHLETE MUST HAVE A MEDICAL RELEASE FORM SIGNED BY A PARENT OR GUARDIAN

THIS FORM ACKNOWLEDGES THAT I HAVE IN MY POSSESSION BEFORE AND AT ALL TIMES DURING THE EVENT, A SIGNED AND EXECUTED MEDICAL RELEASE FORM FOR ALL PARTICIPATING PLAYERS ON THE ROSTER FOR VEGAS CUP

I ACKNOWLEDGE THAT I WILL HAVE MEDICAL RELEASE FORMS FOR ALL PLAYERS IN MY POSSESSION AT ALL GAMES THAT THE ABOVE REFERENCED TEAM PARTICIPATES IN... FAILURE TO DO SO, WILL RESULT IN DISQUALIFICATION.

SIGNATURE

TITLE

PRINTED NAME

DATE