

Team Medical Verification Release

I _____ coach of the _____ acknowledge that I
will have on my possession during all games at the R.E. Krug Niagara Pioneer
International Soccer Tournament held on July 8th & July 9th 2017,
medical release and information forms for each player on my team.

I also acknowledge that each form is signed by that player's parent or legal guardian

Date_____

Signature_____