

**Team Medical Verification Release**

I \_\_\_\_\_ coach of the \_\_\_\_\_ acknowledge that I will have on my possession during all games at the RE Krug 2019 Niagara Pioneer International Soccer Tournament held on June 29<sup>th</sup> and 30<sup>th</sup> 2019, 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\_\_\_\_\_