

**Team Medical Verification Release**

I \_\_\_\_\_ coach of the \_\_\_\_\_ acknowledge that I will have on my possession during all games at the 2020Niagara Pioneer International Soccer Tournament held on July 11th and 12th, 2020 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\_\_\_\_\_