

2020 San Angelo Wool Cup Classic Tournament

Team Medical Release Confirmation Form

I confirm that a valid Medical Release Form for each player on our roster has been received by the team coach or manager and that these forms will be present at all of the team's Wool Cup Classic Tournament games.

Team Association, Name, Age Group and Gender
(Example: San Angelo Soccer Association Stingers, U10 Girls)

Name of Team Coach or Manager (please print)

Signature of Team Coach or Manager

Date