



Brockport International Soccer Festival Team Medical Release

I _____ Coach/Manager/Team Representative of
the (Club name) _____ (Age Level) _____
(Team Name) _____ acknowledge that I, the
Coach/Manager/Team Representative will have in my/our possession, during all
games at the Brockport International Soccer Festival, release forms for each player
on the team. I also acknowledge that each form must be signed by that player's
parent or legal guardian.

Date: _____

Signature: _____

This form does not have to be turned in upon Registration.

Please keep with you during the tournament.

Thank you!