



### **Medical Release Acknowledgement**

By signing this form, I understand that medical releases are required for all players, including any guest players, attending and carried on the roster I submitted to the tournament. Furthermore, I acknowledge that I have a current medical release for any player in my custody and will have them present during the duration of the tournament.

Tournament Name: *12<sup>th</sup> Annual CFBSA Spring Bash*

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Team: \_\_\_\_\_ Age: \_\_\_\_\_

Number of Players: \_\_\_\_\_ Number of Medical Releases: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This form is required for each team and can NOT be used for multiple teams. This form is also not designed to or intended to replace any form of an actual medical release form.*