

CLARENCE CLASSIC

SOCCER TOURNAMENT



Hosted by the Clarence Soccer Club, Clarence, NY

Medical Release Waiver

Club Name _____

Team Name _____

Age Group _____

I, _____, Coach/Team Manager for the above team, acknowledge that I have in my possession, and will have at all matches at the Clarence Classic Soccer Tournament, _____(year), a medical release waiver form for each player on the roster and all guest players. I also acknowledge that each form has been completed in its entirety and has been signed by that player's parent or legal guardian. I further acknowledge that at any time during the tournament, I may be requested to furnish the medical release waivers for each player and the failure to do so may cause the forfeiture of matches and/or eligibility to participate.

Team Official Signature

Date