

**Spring Twister 2023**  
**Medical Release Team Certification**

Team Name: \_\_\_\_\_

Team Age & Gender (Example: U6 Boys): \_\_\_\_\_

Team Contact Name: \_\_\_\_\_

I certify the following for our team:

1. I have a Medical Release form for every player on the team's Official Roster.
2. I have a Medical Release form for every guest player.
3. I will have all Medical Releases present at all the team's tournament games, should they be needed.

\_\_\_\_\_  
Team Contact Signature