



# 2026 West Texas Blowout Soccer Tournament

**This form is part of check in**

## **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 [West Texas Blowout](#) games.**

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Team Association, Name, Age Group and Gender  
(Example: Odessa SA Bombers, 11U Boys)

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Name of Team Coach or Manager (please print)

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Signature of Team Coach or Manager

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Date