

PLAYER MEDICAL RELEASE TEAM CERTIFICATION

I certify that the team has a Medical Release for every player on the team's tournament Misconduct Report and Team Roster form and that the Medical Release forms will be present at all the team's tournament games.

[CH Nova Elite 09G Lopez](#) (EX: Kernow Storm FC 03G where it says Click here to enter text)

Team Name, Age and Gender

[Nedra Williams](#) (type name)

Team Manager or Tournament Contact