



## 31<sup>st</sup> Annual HUSA TURKEY SHOOT

### MEDICAL RELEASE FORM

I hereby agree to have in my possession at all times during the tournament, completed medical releases for all of the players on the roster including guest players. No player will be allowed to play without a medical release form.

<b>Team Name:</b>		<b>Age Group:</b>	<b>Rec /Academy Competitive (Circle One)</b>
-------------------	--	-------------------	--

	Name	Signature
<b>Manager:</b>		
<b>Coach:</b>		