



2025 North Texas Soccer Tournament of Champions 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 Tournament of Champions games.

Team Association, Name, Age Group and Gender
(Example: Frisco Soccer Association Killer Bees, U10 Boys)

Name of Team Coach or Manager (please print)

Signature of Team Coach or Manager **(Please do not type signature)**

Date