



**Virginian Elite Soccer Tournament  
May 25-27, 2024**

Medical Release Confirmation I, the team manager or team contact of,  
\_\_\_\_\_ (team), hereby  
acknowledge I have a medical release form for each player on my roster  
that is filled out and completed to be used in case of an emergency.  
I recognize that these medical forms give permission for any coach, team  
manager, or other team official or parent of my child's soccer team, to  
obtain whatever medical attention may be necessary in case of  
injury or illness.

Signature of Team Manager/Team Contact:

\_\_\_\_\_

Print Name of Team Manager:

\_\_\_\_\_

Date: \_\_\_\_\_