



**Virginian Elite Soccer Tournament
May 24-26, 2025**

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/Team Contact:

Date: _____