



2024 Westside Invitational Team Medical Release Verification

I _____ Coach/Manager of
(Print Full Name)

(Club) (Age Level) (Team)

Acknowledge that we will have in our possession, during all games at the 2024 **Westside Invitational** - current medical release forms for each player on the team.

Date: _____

Signature: _____

*Please hand this completed and signed form in at registration.