



**Virginian Elite Soccer Tournament  
May 29-31, 2021**

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: \_\_\_\_\_