



## PLAYER MEDICAL RELEASE FORM ACKNOWLEDGEMENT FORM

TEAM NAME \_\_\_\_\_ AGE GROUP \_\_\_\_\_

COACH \_\_\_\_\_ MANAGER \_\_\_\_\_

NUMBER OF PLAYERS \_\_\_\_\_ MANAGER'S CELL # \_\_\_\_\_

\*THE DERBY & ARIZONA YOUTH SOCCER ASSOCIATION REQUIRES THAT EVERY PARTICIPATING ATHLETE MUST HAVE A MEDICAL RELEASE FORM SIGNED BY A PARENT OR GUARDIAN\*

\*\*THIS FORM ACKNOWLEDGES THAT I HAVE IN MY POSSESSION BEFORE AND AT ALL TIMES DURING THE EVENT, A SIGNED AND EXECUTED MEDICAL RELEASE FORM FOR ALL PARTICIPATING PLAYERS ON THE ROSTER FOR THE OPEN\*\*

\*\*\*I ACKNOWLEDGE THAT I WILL HAVE MEDICAL RELEASE FORMS FOR ALL PLAYERS IN MY POSSESSION AT ALL GAMES THAT THE ABOVE REFERENCED TEAM PARTICIPATES IN... FAILURE TO DO SO, WILL RESULT IN DISQUALIFICATION.\*\*\*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE