

2019 Novant Health Children's Trust Tournament

PLAYER AGE/MEDICAL WAIVER CERTIFICATION FORM

Full Team Name: _____ Age: U-_____ Gender: _____

Coach Name: _____

Manager Name: _____

As a rostered team official for the above mentioned team, I certify that:

- (1) All players have a signed, official medical release form
- (2) All players are age eligible to compete in the appropriate division the above mentioned team is participating in
- (3) The above mentioned team has and will make available upon tournament official or referee request individual player medical release forms and/or proof of age for any and all players.

Team Official (Coach/Manager) Signature: _____ Date: _____