



### **Team Medical Release Acknowledgement**

**Tournament Name:** San Angelo Soccer Association Wool Cup

**Tournament Dates:** February 20, 2026 – February 22, 2026

**Location:** San Angelo Soccer Association

1501 Glenna

San Angelo, TX

**Team Name:** \_\_\_\_\_

**Age Group/Division:** \_\_\_\_\_

**Coach/Team Manager Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

As the Coach/Team Manager of the above-named team, I hereby certify that I have obtained a completed and signed North Texas Soccer Association Medical Release Form for each player listed on our official tournament roster. These forms are in my possession and will be readily available for review by tournament officials upon request.

I understand that failure to produce a signed medical release form for any player may result in that player being ineligible to participate in the tournament.

I further acknowledge that it is my responsibility to ensure that all medical release forms are accurate, complete, and signed by the appropriate parent or legal guardian.

**Coach/Team Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_