

BRUCE TOWER MEMORIAL
TRI COUNTY CLASSIC 3V3 TOURNAMENT
TEAM MEDICAL WAIVER

Please read the instructions below carefully. If you have any questions regarding this document, please call 903-880-6340 or email candiconn61@gmail.com

All players on your team must have a signed Medical Release Waiver which you will keep with you at all times during the tournament. The Medical Release Waiver is available on our website at www.tricountysoccer.us

By signing below I agree that I have in my possession, a signed medical release form for each player on my team. I agree to keep these forms with me at all times during the tournament and will show them to any tournament official who requests to see them. Furthermore, as the representative of my team, i agree that we will abide by all rules of the tournament. As the representative of my team I understand that it is my responsibility to inform all coaches, players, and spectators of my team of the rules of the tournament and that the North Texas State Soccer Association has outlined strict consequences if any person of our team (coaches, players or spectators) do not abide by the rules set forth, especially concerning 50% playing time for all players and **respect of the referees.**

TEAM NAME AND AGE: _____

CHOOSE "ONE" OF THE FOLLOWING OPTIONS:

I am the head coach or one of the assistant coaches listed on my team roster. I am signing below agreeing to everything in this document.

Signature of Head Coach or Assistant Coach

Date

I am the team manager or another designated representative NOT listed on my team's roster. I am signing below agreeing to everything in this document and agree to provide the Head Coach with a copy of this document.

Signature of Representative

Date

PRINTED NAME of Representative