



Cinnaminson Thanksgiving Tournament
Medical Release Certification

Club: _____
Team: _____
Age Group: _____

Medical Releases

I certify that I am in possession of a medical release form for each rostered player (including guest players) that is signed by the players' parent and/or guardian. Club or Generic forms are acceptable, CSC does not require a specific form.

Print Name

Signature

Team Position (Must be Rostered Coach)