



Player Age Verification & Medical Release Form

I, _____, a rostered team official for the _____ team, certify that:

1. All players on the team indicated below have a signed, official 2017 Under Armour Medical Release Form;
2. All players on the team indicated below are age eligible to compete in the division/age group the team is participating in for the 2017 Under Armour Cup;
3. The team indicated above will have and make available upon request from an Under Armour Cup tournament official or referee each individual player 2017 Under Armour Medical Release Form or US Club Medical Release Form and/or proof of age for any and all players.

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

Coach Name: _____

Manager Name: _____

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