



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 2018 United Cup powered by Circle K 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 2018 United Cup powered by Circle K;
3. The team indicated above will have and make available upon request from an United Cup tournament official or referee each individual player 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: _____