

**YMS Columbus Cup 2019  
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, EPIC does not require a specific form.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Team Position