



## 2016 Hilton Heat Westside Invitational Team Medical Release Verification

I \_\_\_\_\_ Coach/Manager of  
(Print Full Name)

\_\_\_\_\_  
(Club) (Age Level) (Team)

Acknowledge that we will have in our possession, during all games at the 2016 **Hilton Heat Westside Invitational** - current medical release forms for each player on the team.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_