



SELECT SOCCER CLUB

Confirmation of Receipt of Player Forms:

- **Medical/Transportation Release Forms**
- **Player/Parent Agreement**

TEAM NAME	TEAM ID#
FC Alliance _____ (example, FC Alliance Gold '91, GU16 Gold)	210188 - _____
TEAM COORDINATOR SIGNATURE	DATE

I have received all Medical/Transportation Release forms and Player/Parent Agreement forms for each player rostered to the above team.

I have verified that all forms have been completed for the following players:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____