



### MEDICAL TREATMENT RELEASE FORM

Club Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Age Group: \_\_\_\_\_

#### PARENT RELEASE FOR THE CARE AND TREATMENT OF PLAYERS

I give my permission for any and all emergency medical treatment, which in the judgment of a physician may be deemed necessary, in the event of an accident, injury, sickness, etc. to my child until such time as I may be contacted. I also assume responsibility for payment of any treatment, which is rendered.

#### Additional Instructions:

- Must have a signature for each player on the team roster.
- Do not have to provide insurance information (insurance is not required to play).
- Form does not need to be notarized or witnessed.
- Players over 18 may sign the form for themselves.

Player's Name:	
Parent's Signature:	
Date of Signature:	
Parent's Phone Number:	
Insurance Company:	
Policy Number:	

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