

Valor 3v3 Community Cup
MEDICAL TREATMENT RELEASE FORM

Club Name (if applicable): _____

Team Name: _____

Coach/Parent Rep: _____ 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:	

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

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

Valor 3v3 Community Cup
MEDICAL TREATMENT RELEASE FORM

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

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

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