



Pike Soccer, Inc.  
603 Twin Oaks Rd.  
Williamson, GA 30292

### Medical Treatment Release Form

I hereby give my permission for any and all medical attention necessary to be administered to my child, \_\_\_\_\_ (player's name), in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective immediately for the 2023-2024 Season. I also assume responsibility for the payment of any such treatment.

MY ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_

CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MY INSURANCE COMPANY IS: \_\_\_\_\_

MY INSURANCE POLICY NUMBER IS:  
\_\_\_\_\_

In case I cannot be reached, any of the following is designated to act in my behalf:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

MY CHILD'S PHYSICIAN IS:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

KNOWN ALLERGIES OR OTHER MEDICAL PROBLEMS:  
\_\_\_\_\_

SIGNATURE (PARENT / GUARDIAN)  
\_\_\_\_\_

DATE \_\_\_\_\_