

USA Hockey Consent To Treat

This is to certify that on this date, I _____, as parent or guardian of _____, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in USA Hockey sanctioned events.

If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details call Jay Bernard at 1-800-486-6880.

Hingham Girls Hockey Consent to Treat:

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in any USAH activity. It is understood that Hingham Girls Hockey provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

_____ If you do NOT give your consent to treat and request that medical or surgical services be withheld, please initial to the left.

Waiver of Liability, Release, Assumption of Risk and Indemnity Agreement

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associates, and member teams, and specifically Hingham Girls Hockey (hereinafter collectively USAH), I hereby release, waive, absolve, indemnify, and otherwise hold USAH harmless from all claims of any sort arising out of my participation in USAH events. It is understood that recreational activities like ice hockey involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I agree to conduct myself within the behavioral guidelines contained in the Zero Tolerance Policy and the Massachusetts Hockey Parent's Code of Conduct. I agree that I have read and understand the foregoing liability release, parental consent, and consent to treat forms, and agree to all of their terms and conditions. I also agree to the USAH policies referred to in the above paragraphs and agree that the complete and entire policies are included by reference herein. I give my consent for my son/daughter to participate in USAH activities, and I execute the above liability release on his/her behalf.

Parent/Guardian Signature _____ Date _____

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____