



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 Carrier: _____

Address: _____

Policy Number: _____

Signed: _____
(parent/guardian)

Relationship to Athlete: _____

Home Address: _____

Phone: _____ Date: _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered youth category team participants, including girls' and boys' midget and high school teams. For further details call John or Jay Bernard at 1-800-486-6880.