



Saints Hockey Club Consent to Treat and Hold Harmless Agreement



HOSPITAL RELEASE:

_____ (player) has my permission to engage in all hockey activities, i.e. games, practices, drills, etc., for the **2025-26 Season**. In the event of injury, I hereby give my permission to hospitalize and secure treatment, including injections, anesthesia or surgery for the above named player.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

2nd Parent/Guardian _____

Home Phone _____ Cell Phone _____

Health Insurance Plan: _____ Group #: _____ Policy #: _____

EMERGENCY CONTACT:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Physicians Name: _____ Physicians Phone: _____

Hospital of Choice: _____

HOLD HARMLESS AGREEMENT:

We recognize and acknowledge that ice hockey, as well as other contact sports, is a game in which there are risks of injury to the participants. Because of this, and desiring that the above named minor participates as a player with Saints Hockey Club, and in consideration of his/her enrollment and participation, we agree that we shall indemnify and save the Saints Hockey Club, the school(s), its agents and coaches; the High School Hockey League, and its Divisions, their officers, directors, agents and personnel; each ice rink in which the League participates, and its agents and personnel; USA Hockey and the Amateur Hockey Association Illinois, Inc. harmless from any and all liability for damages because of injury or otherwise sustained by the above named minor; arising directly or indirectly out of or in connection with his/her enrollment and/or participation as a player with the Saints Hockey Club during the above specified season.

Parent/Guardian Signature: _____ Date: _____