



STOUGHTON

Youth Hockey Association

SYHA Medical Waiver Policy

I understand that the Stoughton Youth Hockey Association program is not insured and does not offer insurance or cover any medical expenses for my child or myself. Furthermore, I understand that I am responsible for any and all medical and/or related expenses that may arise from my, or my child's participation in this program. My signature below indicates my acceptance of risk and financial obligation and confirms that I have proper medical insurance. In the event that a parent or guardian is not present and the coaching staff feels that my child, or myself needs medical attention, I give the coaching staff permission to seek any medical attention they deem necessary and I will cover any such costs. I have read and accept the above stated medical release, liability waiver, and Concussion Information (Under resources on the website)and have had any questions answered to my satisfaction.