



CONSENT TO TREAT AGREEMENT

This is to certify that on this date, I/we, as parent or guardian of the child being registered, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey/WAHA/Hudson Hockey and their medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

Excess accident insurance, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit

<https://www.usahockey.com/insurancemanagement> or contact USA Hockey at 484-320-7286.