

La Crescent Youth Hockey
2025-2026
Consent to Treat

This is to certify that on this date, I _____, as parent or guardian of the registered player, or for myself as an adult participant, 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 participant, for any injury that could arise from participation in USA Hockey sanctioned events.

Signature: _____ Date: _____