

CONSENT TO TREAT

This is to certify that on this date, I _____, as parent or guardian of _____, (athlete participant), give my consent to Eden Prairie Girls Hockey, its On-Ice Coach, Eden Prairie Community Center and its 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 Captains Practices.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____ Policy #: _____

This form may be signed by hand or signed electronically and returned to your team and/or program.

If I sign this form electronically, I acknowledge that it shall have the same validity and effect as if I signed this consent by hand.

Parent/Guardian Signature _____ **Date** _____