

AVON GROVE HOCKEY ASSOCIATION

2009 - 2010 SEASON



CONSENT TO TREAT

This is to certify that on this date, I _____, as parent or guardian of _____, give my consent to the Avon Grove Hockey Association and/or its medical representative to obtain medical care from any licensed physician, hospital or clinic for the above mentioned athlete, for any injury that could arise from participation in Avon Grove Hockey Association sanctioned events. If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed:

(parent/guardian)

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____ Date: _____

Emergency Contact Information: _____