

Grand Rapids Hockey Camp

Consent To Treat

This is to certify that on this date, I _____, as parent or guardian of _____, give my consent to Grand Rapids Hockey Camp and the staff of the IRA Civic Center 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 the Grand Rapids Hockey Camp.

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

Name of insurance company: _____

Address: _____

Policy Number: _____

Signed: _____ Date: _____
(parent / guardian)

Relationship to athlete: _____

Home address: _____

Phone: Home (_____) _____ Work (_____) _____