

Special Hockey Washington (Washington Ice Dogs) Consent to Treat

By signing this statement, I, as parent or guardian of the athlete participant, or for myself as an adult participant/coach/volunteer, give my consent to Special Hockey Washington (Washington Ice Dogs) and any approved medical representative to obtain medical care from any licensed physician, hospital, or clinic for the specified participant, for any injury that may arise from participation in Washington Ice Dogs events or other hockey events where the Washington Ice Dogs are allowed to participate.