MEDICAL AUTHORIZATION & INDEMNIFICATION AGREEMENT

Player Name	
Parents/Guardian Names	
Home Phone(s)	
Cell Phone(s)	
Emergency Contact Name	Relation to Skater
Emergency Contact Phone(s)	

Medical Authorization

I, parent or legal guardian of the above-named player, do give my consent and approval to any director, officer, head coach, assistant coach, or team manager of The Waubonsie Valley Hockey Club ("WVHC"), an Illinois not-for-profit corporation, or, in their absence, to any senior managerial representative of Jackson Storage Properties, L.P. d/b/a All Seasons Ice Rinks to authorize and approve any reasonably necessary medical or surgical treatment, including hospital care, diagnostic examinations or tests, in the event that the above named player is injured while participating in or attending any activities operated or sponsored by Waubonsie Valley Hockey Club during the current Program Year (August 1, 2023 through July 1, 2024). This consent and authorization is valid only if, after reasonable effort has been made, the parent or legal guardian of the above-named player cannot be reached to give express instructions as to the care and treatment of the above-named player.

I agree to defend, indemnify and hold harmless from any liability for losses, claims, damages, costs and expenses (including attorney fees), (1) WVHC and any director, officer, head coach, assistant coach, or team manager of WVHC, and (2) Jackson Storage Properties, L.P. d/b/a All Seasons Ice Rinks, and any owner, operator or senior managerial representative of the above entity; with respect to any action taken on behalf of the above-named player pursuant to this Medical Authorization.

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Date & Signature of Parent or Guardian

Please note that this Medical Authorization will remain with the player's team manager throughout the season. Therefore, one form per player must be completed, signed, and returned to the first tryout / evaluation.