

THE FORT DUPONT ICE HOCKEY PROGRAM, INC.
Washington, DC

Parent Consent for Field/Game Trip

Waiver of Claims and Medical Authorization

My child, _____ has my permission to participate in any and all field/game trips sponsored by the Fort Dupont Ice Hockey Program. I (parent) agree to direct my child to cooperate and conform with directions and instructions of the coaches and other adult supervisors of the Fort Dupont Ice Hockey Program.

Should it become necessary for my child to have medical treatment while participating in any trip, I hereby give the coaches and adult supervisors permission to use their judgment in obtaining medical services, and I give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician. I understand that the Fort Dupont Hockey Program has no insurance covering such medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility.

I am covered by accident/medical insurance.

My child is covered by accident/medical insurance.

My child is not covered by accident/medical insurance.

All persons making any trip are deemed to have waived all claims against the Fort Dupont Ice Hockey Program, the coaches and supervisors for injury, accident, illness or death occurring during or by reason of the trip.

All parents or guardians of any child making any trip are required to sign this statement waiving such claims.

I have read and understand the foregoing statement and agree to assume the responsibility stated and waive all claims.

All field trips will be under the supervision of the coaches and the team manager.

Parent or Guardian

Address

Home Number

Cell Number

Emergency Telephone Number

Emergency Contact Name