

**SABRE HOCKEY ASSOCIATION**  
**MEDICAL AUTHORIZATION &**  
**INDEMNIFICATION AGREEMENT**

Player Name \_\_\_\_\_ Level \_\_\_\_\_

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 Sabre Hockey Association (“SHA”), an Illinois not-for-profit corporation, or, in their absence, to any senior managerial representative of either Jackson Storage Properties, L.P. d/b/a All Seasons Ice Rinks, or American Sports, Ltd. d/b/a Rocket Ice Arena, 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 SHA during the current Program Year (September 1, 2010 through August 31, 2011). 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) SHA and any director, officer, head coach, assistant coach, or team manager of SHA, and (2) Jackson Storage Properties, L.P. d/b/a All Seasons Ice Rinks, American Sports, Ltd. d/b/a Rocket Ice Arena and any owner, operator or senior managerial representative of either entity; with respect to any action taken on behalf of the above named player pursuant to this Medical Authorization.

\_\_\_\_\_  
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 clinic or tryout/evaluation.**