

Consent for Medical Attention or Treatment

Consent for Medical Attention or Treatment By providing my signature on the Skating Club of Oregon Membership Application form, I certify that I, the member, or I, the parent/guardian of said participant, give my consent to Skating Club of Oregon volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

Adult member(s) – age 18 or over:

Name _____ (please print) DOB _____

Signature _____ Date _____

2nd Adult member if applicable:

Name _____ (please print)

Signature _____ Date _____

Insurance Company _____ ID # _____

IF skater is a minor, under the age of 18, Parent or guardian please complete:

Name of 1st Minor Child member: _____ (please print) DOB _____

Name of 2nd Minor Child member: _____ (please print)
DOB _____

Name of Parent(s)/Guardian(s): _____ (please print)

1st Parent/Guardian Signature _____ Date _____

2nd Parent/Guardian Signature _____ Date _____

This Consent for Medical Attention shall be binding and effective for the 2023-24 Skating Club of Oregon membership year.