

WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL TRANSPORTATION TO MINOR ATHLETE

1,	legal guardian of,			
a minor athlete, give express written pe	ermission, and grant an exception to the Minor Athlete	;		
Abuse Prevention Policy for	, an unrelated Applicable Adult to)		
provide local vehicle transportation to _	(minor athlete)			
to(destination) on (date(s))			
at(approximate time), and further acknowledge that this written permission is valid only for the transportation on the specified date and to the specified location.				
Legal Guardian Signature:				
Date:				



<u>WRITTEN PERMISSION FOR AN UNRELATED ADULT ATHLETE TO SHARE THE SAME</u> <u>HOTEL, SLEEPING ARRANGEMENT OR OVERNIGHT LODGING LOCATION WITH MINOR</u> <u>ATHLETE</u>

l,	, legal guardian of,	
a minor athlete, give express	written permission, and grant an exception to the Minor Athlete	
Abuse Prevention Policy for _	(minor athlete), to stay in the same	
hotel room of, or share a sleep	oing arrangement or other overnight lodging location	
vith(unrelated adult athlete)		
at	(location of hotel room or other overnight lodging location)	
from to	(dates of applicable rooming arrangement).	
I further acknowledge that this	written permission is valid only for the dates and location	
specified herein.		
Legal Guardian Signature:		
Date:		



WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE WITH MINOR ATHLETE

l,	, legal guardian of,
a minor athlete, give express	vritten permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for _	(minor athlete), to travel with
	(Applicable Adult), to travel from
(point of origin) to	(destination) to attend the
	(name of competition)
from to	(dates of travel to competition).
I acknowledge that	(minor athlete) cannot share a hotel room,
sleeping arrangement or othe	overnight lodging location with
(Applicable Adult) at any time	I further acknowledge that this written permission is valid only for
the dates and location specific	d herein.
Legal Guardian Signature:	
Date:	



WRITTEN PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL OR HEALTH CARE PROVIDER TO HAVE ONE-ON-ONE INTERACTION WITH A MINOR ATHLETE

Ι,	, legal gu	ardian of	,	
a minor athlete, give ex	kpress written permissio	n, and grant an exce	ption to the Minor Athlete	
Abuse Prevention Police	Abuse Prevention Policy for, a mental health care profe			
and/or health care prov	vider, to have a one-on-	one interaction with		
	(minor at	thlete) in conjunction	with participation in the spor	
of swimming on	(date) from	am/pm to	am/pm.	
•		•	or meeting, provided that the	
door remains unlocked	; another adult is preser	nt at the facility; and t	he other adult at the facility	
is advised that a closed	d-door meeting is occuri	ring. I further acknow	ledge that this written	
permission is valid only for the dates and location specified herein.				
Legal Guardian Signat	ure:			



<u>PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED</u> <u>PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE</u>

l,	, legal guardian of,
a minor athlete, give express writte	en permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for	(massage therapist or other certified
professional) to provide a massage	e, rubdown and/or athletic training modality on
	(minor athlete) on (date)
at	(location). The massage, rubdown or athletic training
modality must be done with at leas	st one other adult present in the room and must never be done
with only	(minor athlete) and
(massage therapist or other certifie	ed professional) in the room. I acknowledge that I have the
right to observe the massage, rubo	down or athletic training modality. I further acknowledge that
this written permission is valid only	for the dates and location specified herein.
Legal Guardian Signature:	
Date:	<u></u>