

l,	, legal guardian of,
a minor athlete, give express writt	ten permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for	(massage therapist or other certified
professional) to provide a massag	ge, 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 lea	st one other adult present in the room and must never be done
with only	(minor athlete) and
(massage therapist or other certif	ied professional) in the room. I acknowledge that I have the
right to observe the massage, rub	odown or athletic training modality. I further acknowledge that
this written permission is valid onl	ly for the dates and location specified herein.
Legal Guardian Signature:	
Date:	