



**PERMISSION FOR TREATMENT FROM A LICENSED MASSAGE THERAPIST OR OTHER
CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER**

I, _____, legal guardian of _____, a
minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse
Prevention Policy for _____ (massage therapist or other certified
professional) to provide a massage, 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 least one other adult present in the room and must never be done
with only _____ (minor athlete) and _____
(massage therapist or other certified professional) in the room. I acknowledge that I have the right
to observe the massage, rubdown, 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: _____