SWIM FLORIDA PARENT PERMISSION FORM

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

I, _____,legal guardian of _____ ,

a minor athlete, give express written permission, 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) 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.

Also give a copy of health insurance in case it is needed.

Legal Guardian Signature: _____

Printed Name:_____

Date:_____

SWIM FLORIDA PARENT PERMISSION FORM

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

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: _____

Printed Name:_____

Date:_____

SWIM FLORIDA PARENT PERMISSION FORM

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

I,_____, 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 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 other overnight lodging location with _____ _____ (Applicable Adult) at any time. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Printed Name_____

Date: _____

SWIM FLORIDA PARENT PERMISSION FORM

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

I,_____, 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 sleeping arrangement or other overnight lodging location with _____ (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. Also will supply a copy of the Athletes health insurance card in case of need to seek hospital or doctor for any issues.

Legal Guardian Signature: _____

Printed Name:_____

Date: _____