

## **CONSENT FOR**

## INDIVIDUAL TRAINING SESSIONS - TRAINING SESSION SPECIFIC

l,	, as the parent/legal guardia	an of	
, a minor athlete, herek	by authorize and consent for said n	ninor athlete to receive	
individual training sessions from, an A		Adult Participant, as specified	
below.			
I understand the following are	the guidelines for Individual Trainin	ng Sessions:	
All sessions must follow Athlete Abuse Prevent	w the One-on-One interactions poli ion Policy.	cy as found in the Minor	
2. A parent/legal guardia	n can observe the session.		
	the individual training sessions at	•	
Location of Training	Frequency of Training	Time Period of Consent	
Session	Session	(Not to exceed one year)	
	(e.g., weekly, monthly, etc.)		
Parent/Legal Guardian Name	Printed:		
Parent/Legal Guardian Signat	ure:		
Date:			