

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: _____

Date: _____