PARENTAL/GUARDIAN CONSENT FOR A LICENSED MASSAGE THERAPIST, 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 Warrior Aquatic Club Minor Athlete Abuse Prevention Policy for _____ (massage therapist, other certified professional, or health care provider) 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, other certified professional, or health care provider) in the room.

I acknowledge that I have the right to observe the massage, rubdown, and/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: _____

Prior to treatment, a signed, electronic copy of this authorization must be submitted to the Warrior Aquatic Club Safe Sport Coordinator at safesport@warrioraquaticclub.com. A paper or electronic copy must also be provided to the minor athlete's coach.