<u>WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED</u> <u>PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE</u>



| I,, legal guar | dian 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 athl | ete) 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 (mi | nor 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: _____