



**M3 AQUATICS WRITTEN 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: _____