

PERMISSION FOR TREATMENT OF MINOR ATHLETE



LAWRENCE COUNTY AQUATICS, INC.

**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: _____

***Waiver must be completed for each appointment.*