

TRAVEL CONSENT FORM ADULT PARTICIPANT

1,	, as the parent/legal guardian of
	, a minor athlete, hereby authorize and consent
that	, an Adult Participant, can travel one-
on-one with said minor athlete to	and from all In-Program sport activities related to
CWAC for a time period of one y	ear from the date of this consent.
I understand that my minor athlete	e or I can withdraw consent at any time.
Parent/Legal Guardian Name Prin	nted:
Parent/Legal Guardian Signature:	
Date:	



TRAVEL CONSENT FORM UNRELATED ADULT

, a minor athlete, give express writte	en
permission, and grant an exception to the Minor Athlete Abuse Preventio	n Policy
for, an unrelated Applicable A	dult to
provide local vehicle transportation to	(minor
athlete) to (destination)	on
(date(s)) at (approximate time), and further	
acknowledge that this written permission is valid only for the transportati	on on the
specified date and to the specified location.	
Parent/Legal Guardian Name Printed:	
Parent/Legal Guardian Signature:	
Date:	



LOCAL TRANSPORTATION CONSENT FORM

1,, as the parent/legal guardian of
, a minor athlete, hereby authorize said minor
athlete can travel with the named organization to and from all In-Program sport
activities a time period of one year from the date of this consent.
I understand that my minor athlete or I can withdraw consent at any time.
Parent/Legal Guardian Name Printed:
Parent/Legal Guardian Signature:
Date:



HOTEL CONSENT FORM

I,, as the parent/legal guardian of	
, a minor athlete, hereby authorize and consent to	
, an Adult Participant that is no more	
than four years older than said minor athlete; with NO authority over said minor	
athlete; TO share a hotel room or otherwise sleep in the same room with said minor	
athlete for in-program lodging arrangements related to CWAC during the	
occasions detailed below.	
DATE:	
EVENT:	
LOCATION:	
I am aware that I can withdraw consent at any time.	
Parent/Legal Guardian Name Printed:	
Parent/Legal Guardian Signature:	
Date:	



TRAVEL / HOTEL CONSENT FORM

I,	, legal guardian of
	, a minor athlete, give express written
permission, and grant an except	tion to the Minor Athlete Abuse Prevention Policy for
	(minor athlete), to travel with
	(Applicable Adult), to travel from
(point of origin) to
	(destination) to attend the
	_ (name of competition) from to
	(dates of travel to competition).
I acknowledge that	(minor athlete)
cannot share a hotel room, sleep	ping arrangement or other overnight lodging
location with	(Applicable Adult) at any time. I further
acknowledge that this written p	ermission is valid only for the dates and location
specified herein.	
Parent/Legal Guardian Name Parent/Legal Guardian	rinted:
Parent/Legal Guardian Signatur	re:

Date: _____



MASSAGE CONSENT FORM

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.
Parent/Legal Guardian Name Printed:
Parent/Legal Guardian Signature:
Date: