



**PERMISSION FOR A LICENSED MASSAGE  
THERAPIST FOR 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: \_\_\_\_\_