



PERMISSION FOR UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL
TRANSPORTION TO 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 _____
_____, an unrelated Applicable Adult 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
transportation on the specified date and to the specified location.

Legal Guardian Signature: _____

Date: _____



PERMISSION FOR UNRELATED ADULT ATHLETE TO SHARE LODGING WITH 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 _____
_____ (minor athlete), to stay in the same hotel room of, or share a sleeping arrangement or other
overnight lodging location with _____ (unrelated adult athlete) at _____
_____ (location of hotel room or other overnight lodging location) from _____
to _____ (dates of applicable rooming arrangement). I further acknowledge that this written
permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



**PERMISSION FOR UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION
WITH 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 _____ (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, sleeping arrangement or other overnight lodging location with _____ (Applicable Adult) at any time. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



**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: _____



**SAMPLE WRITTEN PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL OR
HEALTH CARE PROVIDER TO HAVE ONE-ON-ONE INTERACTION WITH 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 _____, a mental health care professional and/or health care provider, to have a one-on-one interaction with _____ (minor athlete) in conjunction with participation in the sport of swimming on _____ (date) from _____ am/pm to _____ am/pm. I acknowledge that this one-on-one interaction may be a closed-door meeting, provided that the door remains unlocked; another adult is present at the facility; and the other adult at the facility is advised that a closed-door meeting is occurring. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____