



ANNUAL CONSENT FOR
ATHLETIC TRAINING MODALITIES, MASSAGES, RUBDOWNS

I, _____, as the parent/legal guardian of
_____, a minor athlete, hereby authorize and consent for
said minor athlete to receive athletic training modalities, massages and rubdowns for injuries for
a time period of one year from the date of consent.

I understand the following guidelines apply for athletic training modalities, massages and
rubdowns:

1. All sessions must follow the One-on-One interactions policy as found in the Minor Athlete Abuse Prevention Policy.
2. All sessions must have a second Adult Participant physically present for the treatment to occur.
3. My minor athlete will be fully or partially clothed and their breasts, buttocks, groin and genitals will always be covered.
4. A parent/legal guardian must be permitted to observe treatment except for situations where it occurs in a competition or training venue that limits credentialing.

I understand that my minor athlete or I can withdraw consent for athletic training modalities,
massages or rubdowns at any time.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____

SPY Swimming requests a copy of this form be kept on file by the parties involved.