



VALUE BEYOND THE WATER



PERMISSION FOR 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.

_____ Parent's signature Date

_____ Coach's signature Date