



**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: \_\_\_\_\_