WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT 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 massage therapist or other certified professional or health care provider) 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 _____ (a 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: _____