



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: _____