Hauppauge Swimming Parent Consent Forms

ANNUAL CONSENT FOR TREATMENT OF A MINOR ATHLETE

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:

All sessions must follow the One-on-One interactions policy as found in the Minor Athlete Abuse Prevention Policy.

All sessions must have a second Adult Participant physically present for the treatment to occur.

My minor athlete will be fully or partially clothed and their breasts, buttocks, groin and genitals will always be covered.

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:

ANNUAL CONSENT FOR IN-PROGRAM LODGING: ADULT PARTICIPANT AND MINOR ATHLETE

I,_____, as the parent/legal guardian of _____, a minor athlete, hereby authorize and consent that _____, an Adult Participant, who is not a coach, can share lodging arrangements with said minor athlete for all in-program lodging related to Hauppauge Swimming for one year from the date of this consent. I understand that said Adult Participant will NOT share a hotel room or otherwise sleep in the same room with said minor athlete and all interactions will be observable and interruptible.

I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed:_____

Parent/Legal Guardian Signature: _____

Date:

ANNUAL CONSENT FOR TRANSPORTATION BY HAUPPAUGE SWIMMING

I,_____, as the parent/legal guardian of _____, a minor athlete, hereby authorize said minor athlete can travel with Hauppauge Swimming to and from all In-Program sport activities a time period of one year from the date of this consent.

I understand that my minor athlete or I can withdraw consent at any time.

Parent/Legal Guardian Name Printed:_____

Parent/Legal Guardian Signature: _____

Date:

ANNUAL CONSENT FOR TRANSPORTATION BY ADULT PARTICIPANT

I,_____, as the parent/legal guardian of _____, a minor athlete, hereby authorize and consent that _____, an Adult Participant, can travel one-on-one with said minor athlete to and from all In-Program sport activities related to Hauppauge Swimming for a time period of one year from the date of this consent.

I understand that my minor athlete or I can withdraw consent at any time.

Parent/Legal Guardian Name Printed:_____

Parent/Legal Guardian Signature: _____

Date: