



**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 a licensed massage therapist or other certified professional
or health care provider to treat _____ (minor
athlete) on _____ (date(s)), and further
acknowledge that this written permission is valid only for the specified date(s).

Legal Guardian Signature: _____

Date: _____