



Unrelated applicable adult to provide local transportation to 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 _____, an unrelated Applicable Adult, to
provide local vehicle transportation to _____ (minor
athlete) to _____ (destination) on
_____ (date(s))
at _____ (approximate time), and further acknowledge that this written
permission is valid only for transportation on the specified date and to the specified location.

Legal Guardian Signature:

Date: _____



Unrelated applicable adult to travel to competition with 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 _____ (minor athlete), to travel with
_____ (Applicable Adult), to travel from
_____ (point of origin)
to _____ (destination) to attend
the _____ (name of competition)
from _____ to _____ (dates of travel to competition).

I acknowledge that _____ (minor athlete)
cannot share a hotel room, sleeping arrangement or other overnight lodging location
with _____ (Applicable Adult) at any time.
I further acknowledge that this written permission is valid only for the dates and location
specified herein.

Legal Guardian Signature: _____

Date: _____



Unrelated adult athlete to share a hotel room or sleeping arrangement with 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 _____ (minor athlete), to stay in the same hotel room with, or share a sleeping arrangement or other overnight lodging location _____ with _____ (unrelated adult athlete) at _____ (location of hotel room or other overnight lodging location) from _____ to _____ (dates of applicable rooming arrangement). I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature:

Date: _____



**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: _____