

## CONSENT FOR INDIVIDUAL TRAINING SESSIONS - SPECIFIC DATES

I,	, as the parent/legal guard	lian of
, a minor athlete, hereby	y authorize and consent for said	minor athlete to receive
individual training sessions from	n, an	Adult Participant, as specified
below.		
I understand the following are t	the guidelines for Individual Trair	ning Sessions:
1. All sessions must follow	the One-on-One interactions po	olicy as found in the Minor
Athlete Abuse Prevention	on Policy.	
2. A parent/legal guardian	can observe the session.	
I can withdraw my consent for t	the individual training sessions a	t any time.
Location of Training	Frequency of Training	Time Period of Consent
Session	Session	(Not to exceed one year)
	(e.g., weekly, monthly, etc.)	
	I	
Parent/Legal Guardian Name F	Printed:	
Parent/Legal Guardian Signatu	ire:	
Date:		