

l,	, legal guardian of	,
a minor athlete, give express writt	en permission, and grant an	exception to the Minor Athlete
Abuse Prevention Policy for	(m	assage therapist or other certified
professional) to provide a massag	e, rubdown and/or athletic tra	aining modality on
	(minor athlete) on	(date)
at	(location). The massage,	rubdown or athletic training
modality must be done with at least	st one other adult present in t	the room and must never be done
with only	(minor athlete) and	
(massage therapist or other certifi	ed professional) in the room.	I acknowledge that I have the
right to observe the massage, rub	down or athletic training mod	ality. I further acknowledge that
this written permission is valid only	y for the dates and location s	pecified herein.
Legal Guardian Signature:		
Date:	<u></u>	