WRITTEN PERMISSION FOR AN UNRELATED ADULT ATHLETE TO SHARE THE SAME HOTEL, SLEEPING ARRANGEMENT OR OVERNIGHT LODGING LOCATION WITH 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 of, 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:_____

Revised: September 1, 2024

WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL TRANSPORTATION TO 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 the transportation on the specified date and to the specified location.

Legal Guardian Signature:_____

Date: _____

Revised: September 1, 2024

WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE WITH 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: _____

Revised: September 1, 2024

WRITTEN PERMISSION FOR A 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_____(massage therapist or other certified professional) to provide a massage, rubdown and/or athletic training modality on

_____(minor athlete) on _____(date) at

_____(location). The massage, rubdown or athletic training modality must be done with at least one other adult present in the room and must never be done with only

_____(minor athlete) and

_____(massage therapist or other certified professional) in the room. I acknowledge that I have the right to observe the massage, rubdown or athletic training modality. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____
Date: _____

Revised: September 1, 2024