"We take pride in everything we do."

l,	, legal guardian of	,
a minor athlete, give express wri	tten 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, ru	ubdown 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	e) 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 wri	tten permission is valid only f	or the dates and location
specified herein.		
Legal Guardian Signature:		
Date:	_	

