

l,	, parent/legal guardian of	
(your name)		(minor athlete)
a minor athlete, give express	written permission, and grant	an exception to the Minor
Athlete Abuse Prevention Pol	icy for(applicable adult)	, an unrelated Adult
Participant to provide local ve	hicle transportation to	(minor athlete)
to and from all In-Program sp	ort activities related to Las Cr	uces Aquatic Team (LCAT)
for the specific occasions spe	cified below. I understand tha	t my minor athlete or I can
withdraw consent at any time		
Date(s)	Event/Occasion Name	Location
Parent/Legal Guardian Name Parent/Legal Guardian Signa		
Date:		