



CONSENT FOR
MASSAGE THERAPY

I, _____, as the parent/legal guardian of _____
_____, a minor athlete, hereby authorize and consent for said minor athlete to receive manual
therapy, therapeutic, and recovery modalities under the following parameters:

Location of manual therapy, therapeutic, and recovery modalities	Frequency of Treatment (e.g., weekly, monthly, etc.)	Time Period of Consent (Not to exceed one year)

I understand the following guidelines apply for manual therapy, therapeutic, and recovery
modalities:

- a. Written consent by a parent/legal guardian must be obtained in advance at least
annually by the licensed massage therapist or other certified professional which can be
withdrawn at any time.
- b. Parent/legal guardians must be allowed to observe the Massage, except for competition
or training venues that limit credentialing.
- c. Any Massage of a Minor Athlete must be done with at least one other Adult Participant
physically present and must never be done with only the Minor Athlete and the person
performing the Massage in the room.

- d. Any Massage of a Minor Athlete must be performed with the Minor Athlete fully or partially clothed, ensuring that the breasts, buttocks, groin or genitals are always covered. Nothing in this section shall be construed to apply to areas of the body exposed while wearing swimwear which conforms to the current concept of the appropriate for the individual's competition category.
- e. The provider must narrate the steps in the modality before taking them, seeking consent of the Minor Athlete throughout the process.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____