

I,	_, legal guardian of	,
a minor athlete, give express written permission, and grant an exception to the Minor Athlete		
Abuse Prevention Policy for	(mass	age therapist or other certified
professional) to provide a massage, rubdown and/or athletic training modality on		
	(minor athlete) on	(date)
at	(location). The massage, rub	down 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: \_\_\_\_\_