

Albany Armada Aquatics

Parent/Guardian Consent Form

(USA Swimming Safe Sport & MAAPP Compliance)



Licensed massage therapist or other certified professional or health care provider to treat a minor athlete.

Parent/Guardian Consent for Treatment

Licensed Massage Therapist or Certified Health Care Provider

Athlete Name: _____

Date of Birth: _____ Team: _____

Parent/Guardian Name(s): _____

Phone: _____ Email: _____

Consent & Authorization

I, the undersigned parent/guardian, give permission for my minor athlete to receive treatment from a **licensed massage therapist or other certified health care provider** (including, but not limited to, an athletic trainer, physical therapist, chiropractor, or medical professional) while participating in Albany Armada Aquatics activities, in accordance with USA Swimming's Minor Athlete Abuse Prevention Policy (MAAPP).

I understand and acknowledge that:

- Treatment is provided solely for **health, recovery, or injury-prevention purposes**.
- Treatment will be performed by a **properly licensed and/or certified professional** acting within their scope of practice.
- Treatment will occur in an **observable and interruptible setting**, consistent with MAAPP requirements.

- **One-on-one treatment** of a minor athlete occurs only with prior parent/guardian consent.
- Appropriate draping, professional boundaries, and communication standards will be maintained.
- Coaches may not provide massage or hands-on treatment unless properly credentialed and acting in a professional medical capacity.

Scope of Consent (check one)

- ☐ Current season only
- ☐ Through (date): _____

Parent/Guardian Presence (check one)

- ☐ Parent/guardian required to be present
- ☐ Parent/guardian not required, provided MAAPP standards are followed

Acknowledgment & Release

I understand that this consent may be revoked at any time in writing. I acknowledge that Albany Armada Aquatics does not provide medical care and is not responsible for services rendered by licensed or certified health care providers.

Parent/Guardian Signature: _____

Date: _____