## **ANNUAL CONSENT FOR**

## **ATHLETIC TRAINING MODALITIES, MASSAGES, RUBDOWNS**



I,	, as the parent/legal guardian of
	_, a minor athlete, hereby authorize and consent for said minor athlete to receive athletic
trainin	g modalities, massages and rubdowns for injuries for a time period of one year from the
date o	of consent.
I unde	erstand the following guidelines apply for athletic training modalities, massages and wns:
1.	All sessions must follow the One-on-One interactions policy as found in the Minor Athlete Abuse Prevention Policy.
2.	All sessions must have a second Adult Participant physically present for the treatment to occur.
3.	My minor athlete will be fully or partially clothed and their breasts, buttocks, groin and genitals will always be covered.
4.	A parent/legal guardian must be permitted to observe treatment except for situations
	where it occurs in a competition or training venue that limits credentialing.
I unde	erstand that my minor athlete or I can withdraw consent for athletic training modalities,
massa	ages or rubdowns at any time.
Paren	t/Legal Guardian Name Printed:
Paren	t/Legal Guardian Signature:
Date:	