<u>WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED</u> <u>PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE</u>



l,	, legal guardian of	,
a minor athlete, give express writt	en permission, and grant an e	xception to the Minor Athlete
Abuse Prevention Policy for	(ma	ssage therapist or other certified
professional) to provide a massag	e, rubdown and/or athletic trai	ning modality on
	(minor athlete) on	(date)
at	(location). The massage, r	rubdown or athletic training
modality must be done with at lea	st one other adult present in th	e room and must never be done
with only	(minor athlete) and	
(massage therapist or other certifi	ed professional) in the room. I	acknowledge that I have the
right to observe the massage, rub	down or athletic training moda	lity. I further acknowledge that
this written permission is valid onl	y for the dates and location sp	ecified herein.
Legal Guardian Signature:		
Date:		