



Buenaventura Swim Club
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**WRITTEN PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL OR
HEALTH CARE PROVIDER TO HAVE ONE-ON-ONE INTERACTION WITH A MINOR
ATHLETE**

I, _____, legal guardian of _____,
a minor athlete, give express written permission, and grant an exception to the Minor
Athlete Abuse Prevention Policy for _____, a mental health
care professional and/or health care provider, to have a one-on-one interaction with
_____ (minor athlete) in conjunction with participation in the
sport of swimming on _____ (date) from _____ am/pm to _____ am/pm.

I acknowledge that this one-on-one interaction may be a closed-door meeting, provided
that the door remains unlocked; another adult is present at the facility; and the other
adult at the facility is advised that a closed-door meeting is occurring. I further
acknowledge that this written permission is valid only for the dates and location
specified herein.

Legal Guardian Signature: _____

Date: _____