



Buenaventura Swim Club
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**WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER
CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT 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 _____ (massage therapist
or other certified professional) to provide a massage, rubdown and/or athletic training
modality on _____ (minor athlete) on _____ (date)
at _____ (location). The massage, rubdown 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: _____