



U. S. C E N T E R F O R  
**SAFE SPORT**



**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: \_\_\_\_\_