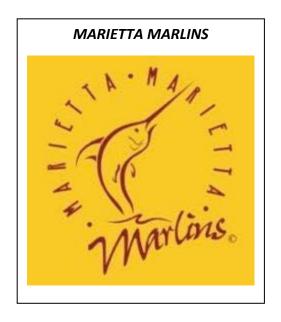
## MARIETTA MARLINS WRITTEN PERMISSION FOR A MENTAL HEALTH CARE PROFESSIONAL OR HEALTH CARE PROVIDER TO HAVE ONE-ON-ONE INTERACTION WITH A MINOR ATHLETE



l,	, legal guardian	of	,
a minor athlete, give expres	s written permission, a	and grant an excepti	on to the Minor
Athlete Abuse Prevention Policy for		, ;	a mental health
care professional and/or he	alth care provider, to h	nave a one-on-one ir	nteraction with
	(minor athlete)	in conjunction with p	participation in the
sport of swimming on	(date) from	am/pm to	am/pm.
I acknowledge that this one	on-one interaction ma	ay be a closed-door	meeting, provided
that the door remains unloc	ked; another adult is p	resent at the facility:	; and the other
adult at the facility is advise	d that a closed-door m	neeting is occurring.	I further
acknowledge that this writte	n permission is valid o	only for the dates and	d location
specified herein.			
Legal Guardian Signature	:		
Data			