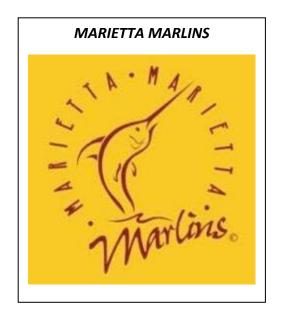
MARIETTA MARLINS WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE



l,	, legal guardian	of	,
a minor athlete	, give express written permission, a	and grant an exception	on to the Minor
Athlete Abuse Prevention Policy for			nassage therapist
or other certifie	d professional) to provide a massaç	ge, rubdown and/or a	athletic training
modality on	(minor a	athlete) on	(date)
at	(location). The r	massage, rubdown o	or athletic training
modality must l	be done with at least one other adu	It present in the room	n and must never
be done with o	nly (m	ninor athlete) and	
(massa	ge therapist or other certified profes	ssional) in the room.	I acknowledge
that I have the	right to observe the massage, rubde	own or athletic trainir	ng modality. I
further acknow	ledge that this written permission is	valid only for the da	tes and location
specified hereir	٦.		
Legal Guardia	n Signature:		
Date:			