



HEALTH TREATMENT FOR A MINOR ATHLETE

PARENTAL CONSENT FORM

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 (mino
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 NAME:
LEGAL GUARDIAN SIGNATURE:
DATE:





HOTEL ACCOMODATIONS WITH A MINOR ATHLETE

PARENTAL CONSENT FORM

WRITTEN PERMISSION FOR AN UNRELATED ADULT ATHLETE TO SHARE THE SAME HOTEL, SLEEPING ARRANGEMENT OR OVERNIGHT LODGING LOCATION WITH MINOR ATHLETE

l,	_, legal guardian of	, a
minor athlete, give express written p	ermission, and grant	an exception to the Minor Athlete
Abuse Prevention Policy for		(minor athlete), to
stay in the same hotel room of, or sh	are a sleeping arrang	ement or other overnight lodging
location with		(unrelated adult athlete)
at		(overnight
lodging location) from	to	(dates of applicable rooming
arrangement).		
I further acknowledge that this writte specified herein.	en permission is valid	only for the dates and location
LEGAL GUARDIAN NAME:		
LEGAL GUARDIAN SIGNATURE:		
DATE:		





LOCAL TRAVEL WITH A MINOR ATHLETE

PARENTAL CONSET FORM

WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL TRANSPORTATION TO MINOR ATHLETE

l,, leį	gal guardian of, a
minor athlete, give express written perm	ission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for	, an unrelated
Applicable Adult to provide local vehicle	transportation to(minor
athlete) to	(destination)
on (date(s) at	(approximate time), and further acknowledge that
this written permission is valid only for the	ne transportation on the specified date and to the
specified location.	
LEGAL GUARDIAN NAME:	
LEGAL GUARDIAN SIGNATURE:	
DATE	
DATE:	





ADULT TRAVELING WITH AN UNRELATED MINOR ATHLETE

PARENTAL CONSENT FORM

WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE WITH MINOR ATHLETE

I,, legal guardian of		,a
minor athlete, give express written permission, and grant an exc	eption to the M	linor Athlete Abuse
Prevention Policy for		(minor athlete), to
travel with	_(Applicable Ad	lult), to travel from
		(point of origin) to
		(destination) to attend
the(name of comp	etition) from	to
(dates of travel to competition).		
I acknowledge that	(mino	r athlete) cannot share a
hotel room, sleeping arrangement or other overnight lodging lo	cation with	
(Applicable Adult) at any time.		
I further acknowledge that this written permission is valid only f herein.	or the dates and	d location specified
LEGAL GUARDIAN NAME:		
LEGAL GUARDIAN SIGNATURE:		
DATE:		