MADISON AQUATIC CLUB



I,, legal guardian of,	
a minor athlete, give express writter	n 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:	<u>_</u>