



Greater Des Moines YMCA Marlins

**WRITTEN PERMISSION FOR BY A LICENSED MASSAGE THERAPIST,
HEALTHCARE PROVIDER, OR OTHER CERTIFIED PROFESSIONAL
TO TREAT A MINOR ATHLETE**

Minor Athlete: _____

Licensed Professional: _____

Date of treatment: _____

Description of treatment and purpose: _____

I hereby give written permission and grant an exception to the MAAPP to allow the above listed professional to treat the above listed minor athlete on the above listed date. I acknowledge and specify that all massages, rubdowns, athletic training modality, or other treatments must occur with at least one other adult present in the room, must never be done with only the minor athlete and professional alone, and that I have the right to observe the treatment. I further acknowledge that this written permission is valid only for the dates and location specified above.

Legal Guardian Signature: _____

Legal Guardian (Printed): _____

Date: _____