

SANFORD YMCA TITANS**PARENTAL RELEASE FORM ALLOWING FOR THE LOCAL TRANSPORTATION OF THEIR
ATHLETE(S) BY A PERMITTED UNRELATED ADULT**

I, _____, legal guardian of _____, a minor athlete, give express written permission, 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)** at _____ **(approximate time)**, and further acknowledge that this written permission is valid only for the transportation on the specified date and to the specified location.

Legal Guardian Signature: _____

Date: _____



SANFORD YMCA TITANS**PARENTAL RELEASE FORM ALLOWING FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE WITH THEIR MINOR ATHLETE(S)**

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (**minor athlete**), to travel with _____ (**Applicable Adult**), to travel from _____ (**point of origin**) to _____ (**destination**) to attend the _____ (**name of competition**) from _____ to _____ (**dates of travel to competition**).

I acknowledge that _____ (**minor athlete**) cannot share a hotel room, sleeping arrangement or other overnight lodging location with _____ (**Applicable Adult**) at any time. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



SANFORD YMCA TITANS**PARENTAL RELEASE FORM ALLOWING FOR AN UNRELATED ADULT ATHLETE TO
SHARE THE SAME HOTEL, SLEEPING ARRANGEMENT OR OVERNIGHT LODGING
LOCATION WITH 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 _____ **(minor athlete)**, to
stay in the same hotel room of, or share a sleeping arrangement or other overnight lodging
location
with _____ **(unrelated adult athlete)**
at _____ **(location of hotel room or other overnight lodging location)**
from _____ to _____ **(dates of applicable rooming arrangement)**.
I further acknowledge that this written permission is valid only for the dates and location
specified herein.

Legal Guardian Signature: _____

Date: _____



SANFORD YMCA TITANS

PARENTAL RELEASE FOR A 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 _____ **(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: _____

