

WRITTEN PERMISSION 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: _____