



**AIKEN-AUGUSTA SWIM LEAGUE
WRITTEN PERMISSION**

UNRELATED ADULT ATHLETE TO SHARE LODGING WITH A MINOR ATHLETE

I, _____, legal guardian of _____
_____ an ASL 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: _____



**AIKEN-AUGUSTA SWIM LEAGUE
WRITTEN PERMISSION**

**UNRELATED APPLICABLE ADULT TO PROVIDE TRANSPORTATION
TO COMPETITION FOR A MINOR ATHLETE**

I, _____, legal guardian of _____, an ASL 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: _____



**AIKEN-AUGUSTA SWIM LEAGUE
WRITTEN PERMISSION**

**UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL TRANSPORTATION
FOR A MINOR ATHLETE**

I, _____, legal guardian of _____, an ASL 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(s)) 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: _____



**AIKEN-AUGUSTA SWIM LEAGUE
WRITTEN PERMISSION**

**LICENSED MESSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR
HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE**

I, _____, legal guardian of _____, an ASL 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: _____