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Shared Lodging with a Minor Athlete

Written permission 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.

I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Dated: _____

Please return this form to your coach or any board member.

Transportation of a Minor Athlete

Written permission for an *unrelated applicable adult* to provide local transportation to 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 _____, 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: _____

Dated: _____

Please return this form to your coach or any board member.

Treatment of a Minor Athlete

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: _____

Dated: _____

Please return this form to your coach or any board member.