***ANNUAL CONSENT FOR***

***DUAL RELATIONSHIP ONE-ON-ONE INTERACTIONS***

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I, , as the parent/legal guardian of , a minor athlete, am advising **ACAC** that the minor athlete has a dual relationship with , an Adult Participant. The dual relationship is as follows: .

I hereby authorize and consent that said Adult Participant can have in-program one-on-one interactions where consent is allowed with said minor athlete at **ACAC** for one year from the date of this consent.

I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed:

Parent/Legal Guardian Signature:

Date: