



Davenport Metro Swim Team

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: _____



Davenport Metro Swim Team

**PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION
ALONE 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 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: _____



Davenport Metro Swim Team

**PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL
TRANSPORTATION TO 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: _____

Date: _____



Davenport Metro Swim Team

**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.

Legal Guardian Signature: _____

Date: _____