***WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE***

Northeastern Swim Team



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: