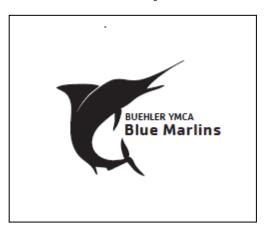
Permission for Licensed Massage Therapist



I,, legal	guardian of,				
a minor athlete, give express written pe	ermission, and grant an exception to the				
Minor Athlete Abuse Prevention Policy f	or (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:					
Legal Guardian Printed:					
Date					