



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

I, \_\_\_\_\_, parent/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.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_