

**ANNUAL CONSENT FOR**  
**DUAL RELATIONSHIP LODGING – NOT A SHARED ROOM**



I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, am advising Northridge Area Swimming Association that the minor  
athlete has a dual relationship with \_\_\_\_\_, an Adult Participant who is not a  
coach. The dual relationship is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I hereby authorize and consent that said Adult Participant can share an overnight lodging  
arrangement with said minor athlete for all in-program lodging related to Northridge Area  
Swimming Association for one year from the date of this consent. I understand that said Adult  
Participant will **NOT** share a hotel room or otherwise sleep in the same room with said minor  
athlete and all interactions will be observable and interruptible unless additional consent for in-  
program one-on-one interactions is also provided.

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

Parent/Legal Guardian Name Printed: \_\_\_\_\_

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

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

**CONSENT FOR**  
**DUAL RELATIONSHIP LODGING – NOT A SHARED ROOM ON SPECIFIC DATES**



I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_, a minor athlete, am advising Northridge Area Swimming Association that the minor  
athlete has a dual relationship with \_\_\_\_\_, an Adult Participant who is not a  
coach. The dual relationship is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I hereby authorize and consent that said Adult Participant can share an overnight lodging  
arrangement with said minor athlete for all in-program lodging related to Northridge Area  
Swimming Association during the occasions listed below. I understand that said Adult  
Participant will **NOT** share a hotel room or otherwise sleep in the same room with said minor  
athlete and all interactions will be observable and interruptible unless additional consent for in-  
program one-on-one interactions is also provided.

Date	Event/Occasion Name	Location

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

Parent/Legal Guardian Name Printed: \_\_\_\_\_

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

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