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**Legal Guardian Authorization for MAAPP 2.0 Exception
*Mental Health Care or Health Care Professional***

I, *Parent/Guardian's Name*, legal guardian of *Minor Athlete's Name*, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy (MAAPP 2.0) for *Health Care Professional's Name*, a mental health care professional and/or health care provider, to have a one-on-one interaction with *Minor Athlete's Name* in conjunction with participation in the sport of swimming on *Date* at *Location* from *Start Time* to *End Time*. I acknowledge that this one-on-one interaction may be a closed-door meeting, provided that the door remains unlocked, another adult is present at the facility, and the other adult at the facility is advised that a closed-door meeting is occurring. 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:

*This waiver must be filled out for each one-on-one session and will remain on file with Irish Aquatics. Please send the completed form to Coach Matt (**coachmatt@irishswimming.org**) and the Safe Sport Chair (**safesport@irishswimming.org**).*