

MAAPP Parent/Guardian Consent Form

I, , legal guardian of , a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for (licensed mental health care professional and/or health care provider) to meet one-on-one with \_\_\_\_\_\_ (minor athlete) on (date) at (location). 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 further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature:

Date: