



Helena | Butte
DOLPHINS SWIM TEAM

Permission for Licensed Massage Therapist

I, _____, 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
acknowledge that this written permission is valid only for the dates and locations
specified herein.

Legal Guardian Signature: _____

Date: _____

