



Permission Form

FOR A MENTAL HEALTH CARE PROFESSIONAL OR HEALTH CARE PROVIDER TO HAVE ONE-ON-ONE INTERACTION WITH A MINOR ATHLETE

I, _____, legal guardian
of _____, a minor athlete,
give express written permission, and grant an exception to the Minor Athlete Abuse
Prevention Policy for _____, a
mental health care professional and/or health care provider, to have a one-on-one
interaction with _____ (minor athlete)
in conjunction with participation in the sport of swimming on _____
(date) from _____am/pm to
_____am/pm.

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: _____



Permission Form

FOR AN UNRELATED ADULT ATHLETE TO SHARE THE SAME LODGING WITH A MINOR ATHLETE

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for) _____ (minor athlete), to stay in the same hotel room with, or share a sleeping arrangement or other overnight lodging location _____ with _____ (unrelated adult athlete) at _____ (location of hotel room or other overnight lodging location) from _____ to _____ (dates of applicable rooming arrangement). I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



Permission Form

FOR AN UNRELATED APPLICABLE ADULT TO PROVIDE LOCAL TRANSPORTATION TO MINOR ATHLETE

I, _____, legal guardian of
_____ a minor
athlete, give express written permission, and grant an exception to the Minor Athlete
Abuse Prevention Policy for _____, an
unrelated Applicable Adult, to provide local vehicle transportation to
_____ (minor athlete) to
_____ (destination) on
_____ (date(s))
at _____ (approximate time), and further acknowledge that this
written permission is valid only for transportation on the specified date and to the
specified location.

Legal Guardian Signature: _____

Date: _____



Permission Form

WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE WITH MINOR ATHLETE

I, _____, legal guardian of _____ a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (minor athlete), to travel with _____ (Applicable Adult), to travel from _____ (point of origin) to _____ (destination) to attend the _____ (name of competition) from _____ to _____ (dates of travel to competition).

I acknowledge that _____ (minor athlete) cannot share a hotel room, sleeping arrangement or other overnight lodging location with _____ (Applicable Adult) at any time. I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



Permission Form

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

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 further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____