



AQUATIC CLUB OF ELKHORN

**WRITTEN PERMISSION 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: \_\_\_\_\_