



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



TYDE PERMISSION FOR TREATMENT BY 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 further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature:

Date: