



Greater Morristown YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

THE GREATER MORRISTOWN YMCA **DOLPHINS**

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: _____