**GCSTO’s WRITTEN PERMISSION 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 applies only to such meetings that may occur at one of our practice or competitive facilities and that 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 but that dates and locations within 12 months of the date listed below can be added by emailing GCSTO head coach and owner, Steve Nye with that information.

Legal Guardian Signature:

Date: