

Corvallis Aquatic Team



Permission 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 _____, to stay in the
same hotel room of, or share a sleeping arrangement or other overnight lodging
location with _____ at _____,
_____ from _____ to
_____.

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

Legal Guardian Signature: _____

Date: _____

Corvallis Aquatic Team



Permission for an Unrelated Applicable Adult to
Travel to Competition 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: _____

Corvallis Aquatic Team



Permission 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 the transportation on the specified date and to the
specified location.

Legal Guardian Signature: _____

Date: _____

Corvallis Aquatic Team



Permission for a Mental Health Care Professional or
Health Care Provider to have One on One Interaction

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: _____