***WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT A MINOR ATHLETE***

 

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with  (USA Swimming member club).

Name:

Signature:

Date: