

**Reno Aquatic Club**

**WRITTEN PERMISSION FOR A LICENSED MASSAGE THERAPIST OR OTHER  
CERTIFIED PROFESSIONAL OR HEALTH CARE PROVIDER TO TREAT 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 \_\_\_\_\_ (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: \_\_\_\_\_