



**WRITTEN PERMISSION FOR A LICENSED
MESSAGE 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: _____