

TTST MEMBER ACKNOWLEDGEMENT OF MAAP 2.0 POLICY

[CLICK HERE FOR LINK TO MAAP POLICY](#)

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 Truckee Tahoe Swim Team (USA Swimming member club).

Name: _____

Signature: _____

Date: _____

TRUCKEE TAHOE SWIM TEAM MAAP FORMS

(Complete necessary form and turn into Cyrus Crews)

cyrus@truckeeswim.org

1. Permission for a licensed massage therapist or other certified professional or health care provider to treat a minor athlete (Page 3)
2. Permission for a mental health care professional or health care provider to have one on one interaction (Page 4)
3. Permission for an unrelated adult athlete to share the same lodging with a minor athlete (Page 5)
4. Permission for an unrelated applicable adult to provide local transportation to a minor athlete (Page 6)
5. Permission for an unrelated applicable adult to travel to competition with a minor athlete (Page 7)
6. Consent for a dual relationship. This means two members of the same team where one is an adult 18 years of age or older and one is still a minor under 18 years of age can room, and travel together for team events.
7. Annual consent for dual electronic communications. This means two members of the team where one is an adult 18 years of age or older and one is still a minor under 18 years of age can have electronic communications.



Truckee Tahoe Swim Team

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: _____



Truckee Tahoe Swim Team

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 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.

Legal Guardian Signature: _____

Date: _____



Truckee Tahoe Swim Team

WRITTEN PERMISSION FOR AN UNRELATED ADULT ATHLETE TO SHARE THE SAME HOTEL, SLEEPING ARRANGEMENT OR OVERNIGHT LODGING LOCATION 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 stay in the same hotel room of, or share a sleeping arrangement or other overnight lodging location with _____ (unrelated adult athlete) at _____ (location of hotel room or other overnight lodging location) from _____ to _____ (dates of applicable rooming arrangement). I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____



Truckee Tahoe Swim Team

WRITTEN 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: _____



Truckee Tahoe Swim Team

WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE ADULT TO TRAVEL TO COMPETITION ALONE 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: _____



Truckee Tahoe Swim Team

WRITTEN PERMISSION CONSENT FOR A DUAL RELATIONSHIP

I, _____, as the parent/legal guardian of _____
_____, a minor athlete, am advising _____ (Organization Name) that
the minor athlete has a dual relationship with _____, an Adult Participant.
The dual relationship is as follows: _____
_____.

With my signature below, I am consenting to the dual relationship exception for each area of the
Minor Athlete Abuse Prevention Policy for a time period noted not to exceed one year from the
date of this consent. I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____



Truckee Tahoe Swim Team

ANNUAL CONSENT FOR DUAL RELATIONSHIP ELECTRONIC COMMUNICATIONS

I, _____, as the parent/legal guardian of _____
_____, a minor athlete, am advising _____ (Organization Name) that
the minor athlete has a dual relationship with _____, an Adult Participant.
The dual relationship is as follows: _____
_____.

I hereby authorize and consent that said Adult Participant can have one-on-one electronic communications with said minor athlete for one year from the date of this consent.

I am aware that I can withdraw consent at any time.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____