



**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: \_\_\_\_\_



**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: \_\_\_\_\_



**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: \_\_\_\_\_



**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: \_\_\_\_\_