



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

I give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy (MAAPP) for \_\_\_\_\_ (massage therapist or other certified professional) to provide a massage, rubdown and/or athletic training modality on my 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 the 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.

**Athlete Name(s)** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_