

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: \_\_\_\_\_



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

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: \_\_\_\_\_



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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: \_\_\_\_\_



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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: \_\_\_\_\_



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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: \_\_\_\_\_



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