



Permission for a Licensed Massage Therapist or Other Certified Professional or Healthcare Provider to Treat a Minor Athlete

I, _____, as the parent/legal guardian of _____, a minor athlete, hereby authorize and consent for said minor athlete to receive athletic training modalities, massages and rubdowns under the following parameters:

Location of Athletic Training Modality, Massage or Rubdown	Frequency of Treatment (e.g., weekly, monthly, etc.)	Time Period of Consent (Not to exceed one year)

I understand the following guidelines apply for athletic training modalities, massages and rubdowns:

1. All sessions must follow the One-on-One interactions policy as found in the Minor Athlete Abuse Prevention Policy.
2. All sessions must have a second Adult Participant physically present for the treatment to occur.
3. My minor athlete will be fully or partially clothed and their breasts, buttocks, groin and genitals will always be covered.
4. A parent/legal guardian must be permitted to observe treatment except for situations where it occurs in a competition or training venue that limits credentialing.

I understand that my minor athlete or I can withdraw consent for athletic training modalities, massages or rubdowns at any time.

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date: _____