



**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: _____