



**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: _____